STATE OF MARYLAND

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DHMH - 16 50/	M 4/82		INERAL DIRECTOR		ADDRESS			REC'D. BY REGISTRAR	25b. REGISTRAF	R'S SIGNATURE		
(VRA 15.	4)	H	untt Funeral	Home	Malder	F. Ms	arvland MA		PO. N.			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE E TENERAL SAME AND SERVE AREAS SERVE

STATE OF MARYLAND 84-08357 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Suzanne 19 84 Agnew 3/9 DEATH MATED 4 RACE AGE (IN YEARS IF UNDER 1 YR. DAY DATE OF BIRTH IF UNDER 24 HR DATE LAST BIRTHDAY PRONOUNCED 19 84 81 White DEAD Female 2/14/03 YRS Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Ohio U.S. WIDOWED DIVORCED Prince Georges ES 1, 2, AND 3 TO THE FU PM 3. RETAIN PAGE 5 (ND 2 SHOULD BE FILED, KAUTAL RECORDS, 201 W O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Prince Georges General Hospital Cheverly Homemaker 3a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 514 Beach Drive Anne Arundel Annapolis YES [Maryland 21403 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME IB. GIVE PAGES 1, 2 WITH FORM PM : II. PAGES 1 AND 2 DIVISION OF VITA MIDDLE LAST MIDDLE LAST Louise Mary Crone 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRES 303 E. Poplar Rd. 16b. SOCIAL SECURITY NO. Sterling Park, Va. 120-28-4194 Ms. Mary Lou Eddy 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PAGE - FOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W PORTURE OF THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D REED LEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BATTMOTE: MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Terminal bronchial pneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) multiple systems failure gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost (c) multiple fractures from being hit by car. 2 mos. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION None 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a, DATE OF OPERATION 20 AUTOPSY? None YES 🔲 NO X 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR THIS CERTIFIE.

E. WRITING THE 5:38 P. 1 CONTRIBUTING CAUSE OF DEATH 19 84 Hit by car 21e PLACE OF INJURY 211. LOCATION Road Road Garden City Dr., Landover, P. G. Cty, Md. WHILE AT WORK AT WORK 22ª I certify that I took charge of the remains described above, held on Inquiry ond in my opinion Accident X death resulted from: Notural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) DATE 5/11/84 SIGNATURE Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery, Md. 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY 3/11/84 Removal 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS relia Davidson-Randall (VR A15 ME (5)) Anatomy Board Balto. . 20M 4/B2

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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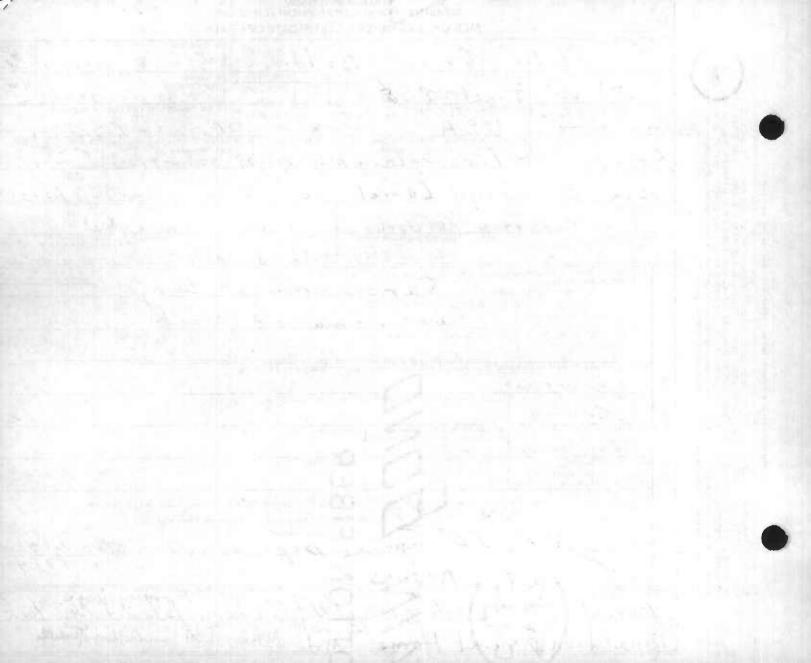
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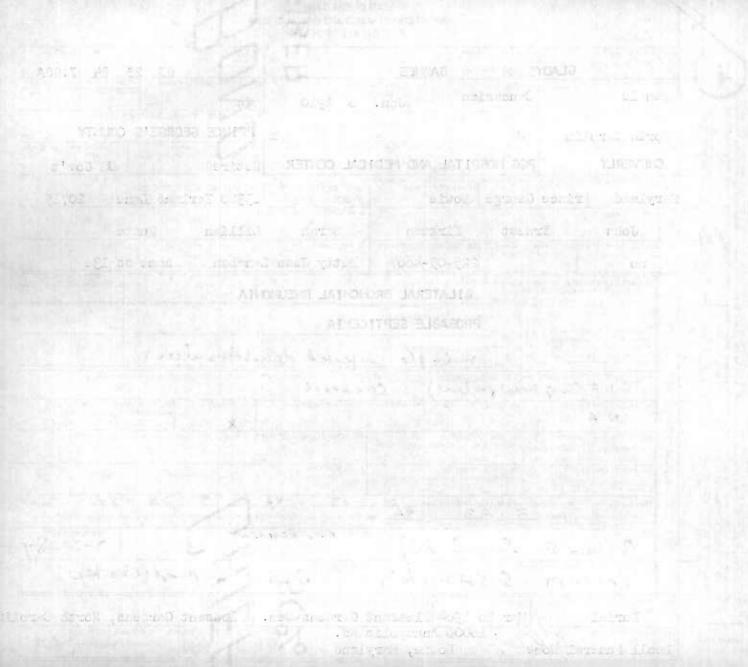
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: .	physical population		PART I. DEATH WAS CAUSE	D BY:	ille sepsis			8£14V££1	N ONSET AND DEAT
LS Z	or read rained r		4450	E CAOSE (a)					
PRESTON ST	tend on, o		Conditions, if ony, which	DUE TO, OR AS A CONS	Ma R Ling		AMS		
0K	motion r trou		gove rise to immediate couse (a), stating the		7	E PILYON			
≱	by the state of the other orther of the other orther orthe	1 1	underlying cause lost.	DUE TO, OR AS A CONS	EQUENCE OF		1012		
201	pled viso		PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONE	OITION GIVEN	IN PART	110
DIVISION OF VITAL RECORDS,	The The	Z	Severe DI	Ludretien	· Tension Pr	enmothy	rox		
0	Dany any	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		OINGS USED
× :	he hos	IE				YES NO	YES [NO [
	physical phy	l e	216. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
Ö		1 ×	OR CONTRIBUTING CAUSE OF DEA	in the second se	19				
o O	A Wall	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	ZH. LOCATION	CITY OR TO	WN	COUNTY	STATE
2	After the osther although	2	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OF	rice, Parm, Erc J				
			22a I certify that (I) (this hospi	tol) attended the deceased for	om3 H 19 PH		14 19.	811	, that (I) (we) le
	Spital Spital CTOR d for or		saw the deceased alive an	2 14 t) view the body ofter death.	19_84_, and that in (my) (our) opinio	in death occurred on the do	te and hour or	nd from th	e couses stated
	OR ATT birectory beht of them 2		226. SIGNATURE	1, we will be a composite of the composi	DEGREE			22c. DAJ	ESIGNED
		1.3	Man	usta Jungh	ATTENDING PHYSICIAN	MEDICAL STAF	IAN (SV	3/	15/84
	FUNERAL MID be den to the Stote ORTANT:	1 1	774 PHYSICIAN'S NAME (TYPE C		22e ADDRESS				
	oined by to the Store of the St		MANSESA	AA SINGH	PGGHAN	1C, CHEVER	LY, MD	, 20	785
	MP OT OT STANK	23a_B	TRIAL CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	234 LOCATION			
	BP	1	3-17-84	3-17-1484	Lincoln Mem.	CITY OR TOWN		HOUNTY	STATE
		24 FU	NERAL DIRECTOR		- PI C PI PI PI	TE RECID BY REGISTRAR	27 00		ATURE
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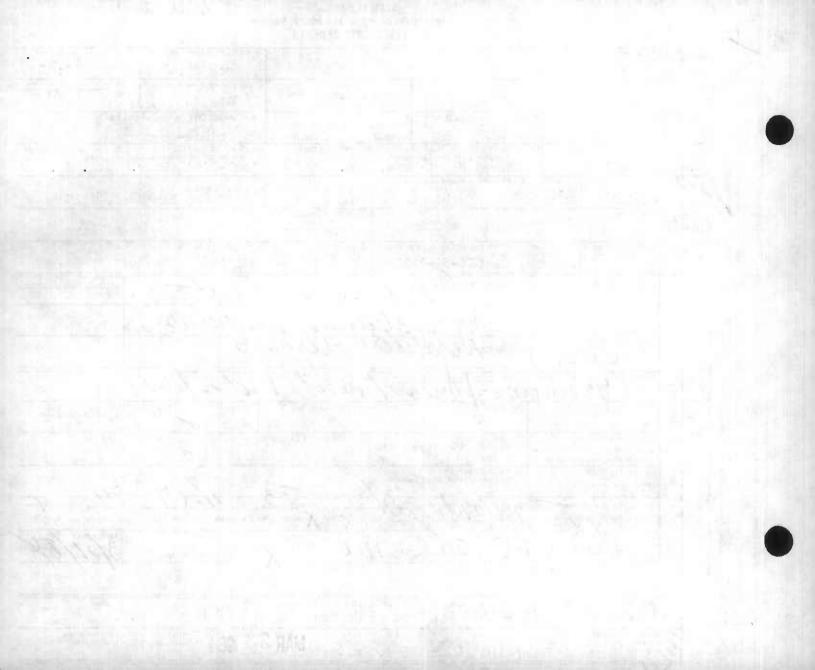
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME 184 (TYPE OR PRINT) ESTI-DEATH MATED JOHN W. DATE OF BIRTH AGE UN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. MAIF 2c. DATE LAST BIRTHDAY PRONOUNCED DOPEAD BLACK 6-10-32 YRS 19 84 7a. BIRTHPLACE (STATE OR *BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY FOREIGN COUNTRY) MARRIED X NEVER MARRIED North Carolina USA WIDOWED [DIVORCED PRINCE GEORGES LCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Mechanic PRINCE **GEORGES GENERAL** USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Washighton, D.C. 1227 16th Street N.E NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIODIE FIRST LAST MICOLE Arthur Baker Geneva Bynum 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 238 46 7842 Montee Baker-wife-1227 16th Stree no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVA PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) ARTERIOSCLEROTIC CARDIOVASCULAR DISFASE DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO X 21n EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE XECUTE THE CERTIFICATE, AGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTIER DEATH, WITH THE STANDING ANTIMORE, MARYLANDI, 2 Inspection X 22a. I certify that I took charge of the remains described above, held an Inquiry X Autopsy death resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 3-27-84 Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills, Md. AMgusto P 230 BURIAL CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial aint Delight Cemetery Greene County, 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Stewart Munera ng Road, N. E 20M 4/B2

0 -	1-	FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
10		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST CORPRINT) Stells Girls Ann B2 dwin DEATH MATED X	DAY YEAR 26. HOUR
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222		6. Adel I FUNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR TWO THE MONTHS DAYS HOURS MIN PRONOUNCED DEAD MONTHS DEAD MONTHS OF THE MONTHS DEAD MONTHS OF THE MONTHS DEAD MONTHS OF THE MONTHS DEAD MONTHS DEAD MONTHS OF THE MONTHS DEAD MONTHS OF THE MONTHS DEAD MO	21 00
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E SA SE	10 C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12d. USUAL OCCUPATION (TYPE OF WORK) 10ft NOT, IN SUCH FACILITY, GIVE STREET ADDRESS) 12d. USUAL OCCUPATION (TYPE OF WORK) 12d. USUAL OCCUPATION (TYPE OF WORK)	126. KIND OF BUSINESS OR INDUSTRY
TOTAL SEE	15	dury to Cherry Lang Blast April 3 Seamsthess	factory
T COLD STATE	130. S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION) TATE 136. COUNTY 136. CITY OR TOWN 137. STREET, ADDRESS	20707
2.2 A A B A B A B A B A B A B A B A B A B	THE E	ATHER'S NAME IS MOTHER'S MAIDEN NAME IS MOTHER'S MAIDEN NAME	LgEApt 303
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AO A GE	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS OF	N. I.
C., BALTIMORE, MD. 2120) URS AFTER DEATH. IF AND WITH FOR PAGES 1, 2 WITH FOR PAGES 1, 2 PETAMITH FOR	{Y	ES, NO, OR UNIKNOWN) (IF YES, GIVE WAR OR DATES) 065 38 3504 Mildred (Nolfe Laure)	Chenny lane
URS AF URS AF B. GIV MITH T. PAG DIVISI		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL
I W. PRESTON ST. D WITHIN 24 HOU PENCIL IN ITEM 18 AMINER ALONG V - TRANSIT PERMIT - FENTAL HYGENEI , OR REMOVAL.		PARTIDEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
AND		1629 (DUE TO, OR AS A CONSEQUENCE OF	
MITHINER SANS REAL PRE		Conditions, It only, which gave rise to immediate (b) Lavcindna c & Necki	1/1
UTED WI IN PENC EXAMIN EXAMIN EXAMIN ON, OR		couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
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AL RE DUID D''PEI D''PEI N''FE A	18	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROED TO THE CHIEF AS 3 SHOULD BE USE EDERARIMENT OF HE TO PRIOR TO BURIAL OF PRIOR TO BURIAL	LCE	216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 10 PART 1 OR	RT 2)
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F > & E.O.		22a I certify that I took charge of the remains described above, held an Autapsy . Inspection Inquiry . and in my ap	inian
NE BEE		death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined monner ,	imon
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TO MEDICAL EXA EXECUTE THE CER PAGE 4 SHOULD FOUNDALD DIR THER DEATH, WILL BALTIMORE, MAR	1	EXAMINETS NAME JOHN ROGERS ADDRESS	1964
PATO PAGE	23a. Bt	ADDRESS.	
BP	(5	BUTIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d, DOCATION FOR MINGGOST	New York
DHMH - 17	ZAF	INERAL DIRECTOR ADDRESS Harris SI APR 6 1984 Lia Davidson	GNATURE
(VR A15 ME (5)) 20M 4/B2	L	bnaldson tuneral Home Md. APRO 1904 Julia Davidson	v-Markaras







CHRDING ARREST

ACUTE ANTERIOR MYCONDONE INFORCED

LISCHEMIC ITEAT DISEASE

OBJECTIVE VER 1997

Maurice A. Capone, MD

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3/29/8/

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) BESSIE Campbell BAYARD 3/6/84 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX MONTH female 24, 1897 caucasian Dec. 86 To. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY Pennsylvania United States 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR SOUTHERN MARY LAND HOSPITAL CENTER INDUSTRY CLINTON own home Housewife 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Prince George Ft. Washington YES 🔯 NO 🗆 6507 Farmer Dr. zip 20744 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Tyler Campbell Mary F. James ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 191 24 9306 Theodore Hammer no 18 CAUSE OF DEATH (Enter only one couse per line jon (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting CERTIFICATION 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION CERTIFYING CAUSES OF DEATH? NO YES [NO F 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the/deceased from sow the deceased alive on_ and that in (my) (gar) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death DEGREE 22c DATE SIGNED 22b. SIGNATURE 274 PHYSICIAN'S NAME (TYPE OF PRIN

BP

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial/Transit

236 BURIAL CREMATION, REMOVAL

Mar. 7, 1984 Arlington Cemetery

231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Drexel Hill 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Penna.,

Sulia Davidson - Rando 80

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, Bethesda, Maryland

burian, iransit was. State A. Pumphrey Funeral Homes,

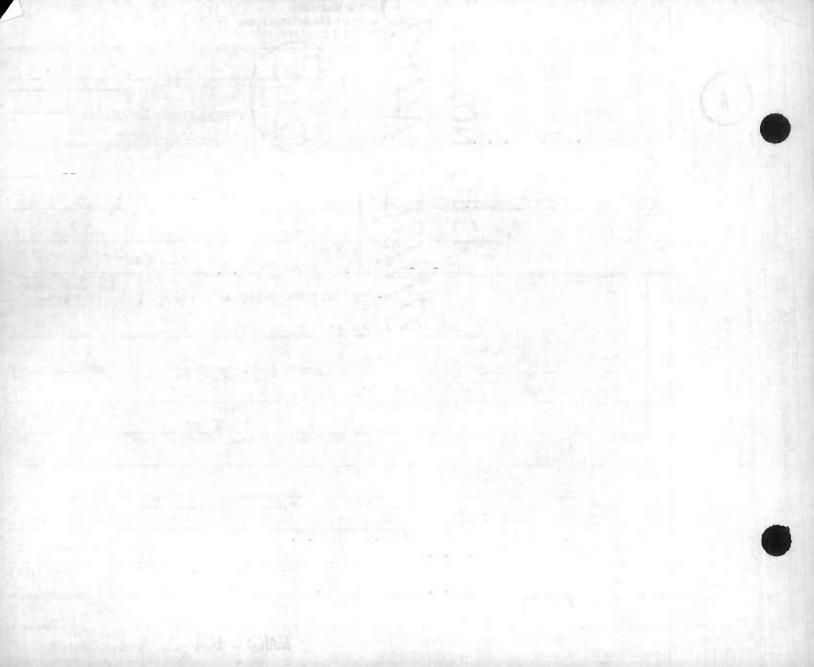
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	FOR STATE REGIS		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 8369 CERTIFICATE OF DEATH REG. NO							Sec. 1				
	DECEASED		N	NODLE	U	ST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR			
h 3	TITE OK PKINT	E1izab	eth	Arche	r	Beard	100	Mar	ch 27.	1984	11:10			
	3. SEX	181.151	4 RACE		5. DATE O		YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS			
(A:)	Fe	emale	Whi	te	Q MONTH	DAY 7	21	62	YRS.	MONTHS DAYS	HOURS MIN.			
2000/4	7a BIRTHPLA	CE (STATE OR FOREIGN	76 CITIZEN OF		(? B	□ NEVER MAR	4	9. BALTIMORE CITY	OR COUNTY	OF DEATH				
ner ner		ta Co., VA	U.S.A.		WIDOWE			Prince	George	S	MI			
P 2 1 2 1	O CITY OR T	OWN OF DEATH	11. NAME OF H	OSPITAL, NURS		R OTHER INSTITU	TION	12a USUAL OCCUPAT			F BUSINESS OR			
s of	Silve:	r Spring	C	0-1- 0	4		3.0	Unemploy		E) INDUSTRI				
hour din	USUAL RESIDE	DENCE (IF NURSING HOME COU	OR OTHER INSTITUTION.	GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY I	LIMITS?	13e STREET ADDRESS		In a	m / A			
	Mary1a		ce Georg					5205 Pa1c	o Pala	ce 20	740			
2 sel	14 FATHER'S	NAME	MIDDLE	LAST	7-64	15. MOTHER'S MA		NE MIDDLE		LAS	T.			
John Conf	Wil:	Liam	Enos	Beard	1	Beu1		Fas	t	Rea				
o de la constantina della cons		CEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDR	ESS					
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or re	12	449		R AS A CONSEC	LIENCE OF		21							
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burne burne ry. o		OTHER SIGNIFICANT					THE TERMI	NAL DISEASE OR COM	DITION GIV	EN IN PART 1	01			
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s on)	CERTIFICATION 13 TO THE TOTAL OF THE TOTAL O	TE OF OPERATION	196 CONDI	TION FOR WHI	H OPERATION	WAS PERFORM	ED	20a AUTOPSY?	10b. IF YES	S, WERE FINDI	NGS USED OF DEATH?			
how how	E E							YES X NO		S 🗌	NO 🗌			
THYGIN 18 sh	00.00	CIDENT WAS UNDERLYING		M. MONTH	DAY YEAR	71c HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18, P	ART I OR PART 2)				
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deolt feolt s mo	22 a. l c	ertify that (I) (this hasp	oital) ottended the	deceased from	0.1	,	9_82	to March	27	0 1	that (I) (we) lost			
21 4	so ob	w the deceased alive o	n March	ofter death.	<u>84</u>	d that in (my) (au	r) apinian d	leoth accurred an the c	late and hou	r and from the	couses stated			
thed bept.	22b. SI	GNATURE CAM	ndang	Chas	teyer	EGREE M.D				22c. DATE	SIGNED			
Stote D ANT: #		Chandana Cha		M.D.	0 ,		NDING SICIAN	MEDICAL STA	CIANXX	3/2	7/84			
MPORTANT	22d. PH	IYSICIAN'S NAME ITYPE	OR PRINT)		-17	22e ADDRESS (Great	Oaks Cente		001 Che	rry Hill			
with the S IMPORTA		Chandana Cha	atterjee,	M.D.		Road, S:	ilver	Spring, Ma	rylan	d 20904				
; } ≧		CREMATION, REMOVA			. NAME OF CI	METERY OR CRE		23d. LOCATION		COUNTY	STATE			
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M 1/76	24. FUNERAL	DIRECTOR Robt	E Will	nelmoness	4308	Suitlan	MAD	3EST TORSESTRA	25b. REGIST	RAR'S SIGNAT	URE			
(4) }	Fun	eral Home	Rd.	, Suit	land,	Md.	INDAY.	o man gu	mar way	dson-Rang	المالات			



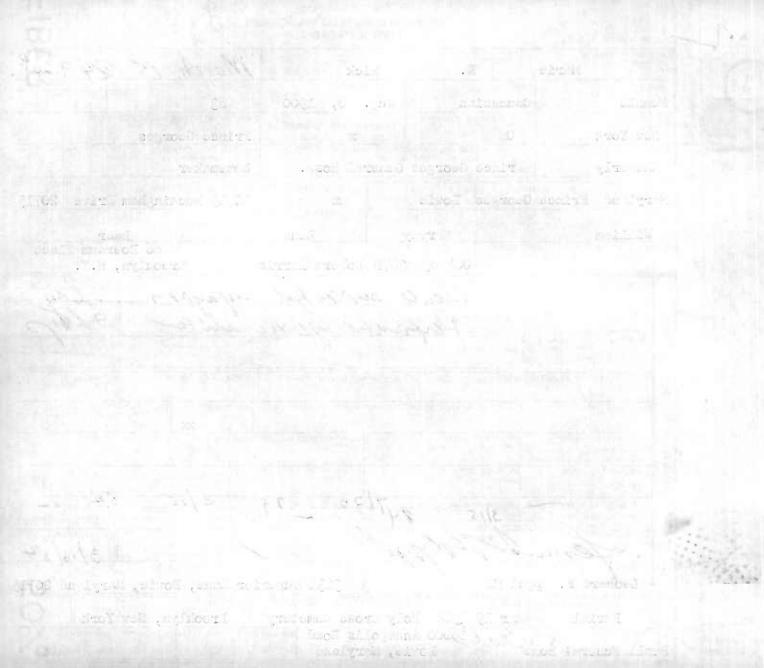
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X	4		REGISTRAR		ME	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									
			CEASED NAME	FIRST		WIDDLE		LAST		2a. DA		MONTH	DAY	YEAR	2b. HOUR
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	PLEASE ECTOR. R FILES. HOURS STREET,	3 SEX	4. RA		5. DATE OF BIRTH	YEAR LAS	E (IN YEARS IF	UNDER 1 YR.	IF UNDER 24		ATE DUNCED	HTMOM	DAY	YEAR	2d. HOUR
	E SAME	M.	ale Wh	nite	10/15/		2 YRS.	NTHS DAYS	HOURS		AD	3	12 1	1984	3:40P
L	MESSES /		RTHPLACE (STATE O	R	76. CITIZEN OF W	HAT COUNTRY?	8 MA	RRIED NE	EVER MARRIED	X) 9. BAL	TIMORE CITY	OR COUN	TY OF DE	HTA	
	品品配票		shingtor	D.C.	U.S.	Α.		OWED -	DIVORCED		ince G	eorge'	e's County, N DRK 126. KIND OF BUSINESS OR INDUSTRY		
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. WD.	ALS 23.		ATHER'S NAME					15. MOTH	IER'S MAIDEN		MIDDLE			4.67	
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			18 CAUSE OF DE	ATH (Enter an	ly one cause per line	far (a), (b), and	c).)						APPI	PROXIMATE I	INTERVAL
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OT	V 24 HO N ITEM 1 ALONG IT PERM YGIENE		882	C)		AS A CONSEQU	ENCE OF								
	WITHIN ENCIL IN WINER AND TRANSIT NIAL HY	-	Canditians, if		(b)										
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	DE EXECUTED WITHIN 24 HOU BROING" IN PENCIL IN ITEM 11 WEDICAL EXAMINER ALONG AS A BURAL: TRANSIT PERMIT ALL AND MENTAL HYGIENE, ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.		PART 2 DTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING 10 DEATH	BUT NOT RELATED TO	THE TERMINAL DIS	ASE DR CONDITIE	DN GIVEN IN PART	1 (a).					
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OF.	ATE WENTER	# W	210 EXTERNAL CA		21b. TIME O	FINJURY	YEAR 21c	HOW INJURY	YOCCURRED	LENTER NATURE C	OF INJURY IN ITEM	TB PART 1 OR PA	ART 2)		
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VISIO	CERTIFICATE MING THE W DED TO THE SAHOULD B DEPARTMEN PRIOR TO	MEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY (AT H	OME. 21f	LOCATION		CITY O	RTOWN	CC	YIMIY		STATE
۵	E. WRITING THE WORD "PE E. WRITING THE WORD "PE WARDED TO THE CHIEF A PREE 3 SHOULD BE USED. STATE DEPARTMENT OF HE 2 1201 PRIOR TO GRIEFAL.	1 2	AT WORK AT	WORK	bu	ilding	D	ecatur	& Tayl	lor Sts		rdale,	, P.C	.Co,	Md.
	FER: THIS CER' TATE, WRITING FORWARDED OR: PAGE 3 S HE STATE DEP ND, 21201 PR		220 I certify the	a I tool victors	remains de	cribed abave, he	ld an Au	apsy X,	Inspection	, Ingu	Urv 🗍	and in my a	pinian		
	20 21 4		death resulted	1	alkauses .	Accided X	Suride		icide .	Undetermined		1.			
	CAW ERTII IREC	1	(1/1	/	119	1		SPECIFY)						
	#0 #E		SIGNATURE	XI	Colocal	/Mu	h	" Deput	ty Chie	MEDICAL EX	CAMINER	DATE	_{ED} 3	3/13/	84
-	OR SEA		5000	, ,			A					0,011			
	A SHEET SHEET		(TYPE OR PRINT)	Tho:	mas D. Sm	ith, M.D).	ADDRESS_	111 F	Penn St	. Bal	to.,MI).		
	TO MEDICAL EXAMI EXECUTE THE CERTIFIE PAGE 4 SHOULD BE TO FUNERAL DIRECT A FITTMORE, MARRITIMORE, MARRITIMORE	23a.B	URIAL, CREMATION	4	//	234 NAME	OF CEMETER	OR CREMAT	ORY	23d. LOCATIO	N		1547)	i- STA	A
	BP		Burial		Merch 16. 198	W Deory	e alesky	15th Cin	ntery	ade	phi.	1-2	9.	TRO	
	DHMH - 17	24 F	UNERAL DIRECTOR	.11	ADDRES	0		1	MAR	1 5 10R	RAR SIL RE	CHIRAP'S	SIGNATH	dell	
	(VR A15 ME (5))	11	Kima (Uxu)	attome.	Vallenters.	VSY Crus	11 St NIN	UC_	MAR	10 20	0				6
	20M 4/B2			6		1	To all the same								

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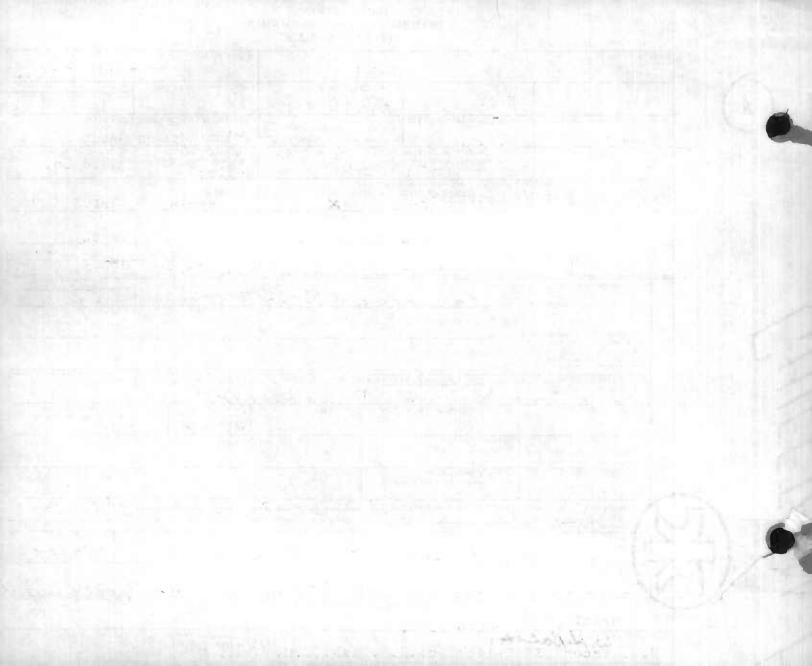
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Property of the second Technician Plant ONTO Line ! Storow build Fill! the feet and control the feet of the least form to the And the date of the court form, it.). - Toront in the office about

Λ	1.	FOR - STATE		DEPART	MENT OF H	E OF MARYLAND	GIENE 083	72	
	† '	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	D.	
-		CEASED NAME FIRST		WIDDLE		AST TZA.	20. DATE OF DEATH		2h HOUR
(Za)	TIAN	e or print) Mar:	ie	E.	В	ick	March	15, 1984	19:201
[7 2]	3. SE	Х	4. RACE		5. DATE (6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER I YEAR	
016		emale	Caucasi		Aug	0	83	YRS.	HOURS MIN.
2 22/331		IRTHPLACE STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1 13001		Wew York	US		WIDOWI		Prince Ge		M
1 11/14	1	Try or town of DEATH Cheverly	(IF NOT IN SU	HOSPITAL, NURSING CHEACHITY, GIVE STREET GEORGES	ADDRESS)	ral Hosp.	120. USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE NORTH OF THE NORT		OF BUSINESS OF
24 hour	130		ME OR OTHER INSTITUTION OUNTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS A	zip code kingham Driv	re 2071
1 11/17		ATHER'S NAME	0.10			15. MOTHER'S MAIDEN N		12116410111 121 21	0 2011
1 12/1/20/		FIRST	WIDDIE	TTOPPER		FIRST	MIDDIE	D = 1	ST
1 17 1	160.3	William WAS DECEASED EVER IN U.S	ARMED FORCES?	Harve		Lena 17 INFORMANT	ADDRE	Bahr SS 66 Boereum	777
1 11 1/			S. GIVE WAR OR DATES)	084-09-6					
3 50 9		18 CAUSE OF DEATH (Enti-				Robert Harri	.s B	cooklyn, N.Y	XIMATE INTERVAL
uires that the digned by the or en please removi burial, cremoti ury, or ather tra	7	Conditions, if ony, which gove rise to immediate couse [01], stating the underlying couse lost PART 2. OTHER SIGNIFICA	DUE TO, O	OR AS A CONSEQUE		NOT RELATED TO THE TER	minal disease or con	DITION GIVEN IN PART I	la:
on. hos been s permit. The	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDI	INGS USED S OF DEATH?
CIAN: The physicic strificate of-transit mial Hygin em 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A		AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART?)	
offending stre this of stre burn streed or the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
ATTENDIN Spital or CTOR: Afor use of for use of the oil		220.1 certify that (I) (this) saw the deceased aliv above, (I) (we) (did) (di	e on 3//	5 19	77	nd that in (my) (Confragration	deoth occurred on the de		
ITAL OR PATE OF THE HOUSE DEPOSITE DEPO		22b. SIGNATURE	med 1	Hy	m		DIRECTOR PHYSIC	F	116/84
O HOSPIT. TO FUNER should be downth the Sto		Leonard P.	Appel MD	/ '		3231 Supe	rior Lane, I	Sowie, Maryl	and 2071
F 5 - 0 , 2	23a	BURIAL, CREMATION, REMO		1000		EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
BP		Burial	Mar 19			ross Cemetery		m, New York	
DHMH - 16 50M 4/83		UNERAL DIRECTOR	-020	/16000 A	nnapo		TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	TURE
(VRA 15, 4)	Be	eall Funeral	Tome	A Bow	ie. Ma	arvland MW	2 7 109/	una Davidson A	ando 00



	1.	FOR STATE REGISTRAR	DEPA	RETATE OF MARYLAND RETAIL OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 083	73	
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH M	ONTH DAY YEAR	2b. HOUR
An 25	TYP	Alton	В.	Bivins		3 7 84	7:16p. A
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH		
A D	N	la1e	Negro	April 6 1917	66	YRS.	
12 411		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	4/15
6	LO	eorgia	U.S.A.	WIDOWEDE DIVORCED	Prince Geor	ges County	7 MI
d de		ity or town of death Linton	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' SOUTHERN MARY)	RSING HOME OR OTHER INSTITUTION TREET ADDRESS) Land Hospital	12a USUAL OCCUPATIO		OF BUSINESS OF
0 # C 8 -X	JUSU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)	Retired	17,	NUMA
filled a 24 h			ice Georgas	LEO LESZ NO	13e. STREET ADDRESS 87 Herrin	gton Driv	70 / O
Ja 22 s	14. E	THER'S NAME John	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME		LAST
and and and	1	Jonn	Bivi	ns Mary		Worth	ıy
Poges			SIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	87 Herrin ivins Jr.Se	ngton Dri	ve, Lar
cion File		No I			TVINS JI.S	APPRI	OXIMATE INTERVAL EN ONSET AND DEATH
physi pop movo vent,		PART I. DEATH WAS CAUS		1 01	6	BETWEE	N ONSET AND DEATH
ng p		10 TO IMMEDIA	ATE CAUSE (o) C. G. C.	nong of state		3	4-3
mot con		1800	DUE TO, OR AS A CONSE	EQUENCE OF			9-4-1-5
move notio		Conditions, if ony, which gove rise to immediate	(p)				
by the		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	EQUENCE OF			
pleas riol.			(c)				
hen hen ho bu	z	PART 2 OTHER SIGNIFICANT	1	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART	1(0
been mit. Ith prior to	CERTIFICATION	190 DATE OF OPERATION	- rota boc y top	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND	DINGSTISED
nos b	/ E	174. Day E Of Or Ekyrion	The contingent of the	THE TENANTON WASTERIOR MED		IN CERTIFYING CAUSI	ES OF DEATH?
roote h	1 2	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71/ HOW INTURY OCCUR	RED (ENTER NATURE OF INJURY	YES	NO []
ifico tros		OR CONTRIBUTING CAUSE OF D		DAY YEAR	CKED (ENTER NATURE OF INJURY	IN HEM 18 PART OR PART 2	1
certification of particular parti	δ	(IF EITHER NOTIFY MEDICAL EXAMIN		19			
this the bid A	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	FICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
os the orke		AT WORK NOT WHILE AT WORK					
R: A Use Jeal	10		pital) attended the deceased fro		. to 3/1	19 8 9	_, that (we) los
0 5 5	10	sow the deceased alive a	not) view the body after death.	9 7, and that in (my) (our) opinion	death occurred on the date	ond hour and from th	he couses stated
2 新春草	16	226. SIGNATURE	2	DEGREE		1.00	THISIGNED
4 3884	100	Konald	Franken in	ATTENDING PHYSICIAN	MEDICAL STAFF	NO 3/	7/87
He Service	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS			
PORT PORT	1.0	Rangled L	andman M	D. 9440 Pen.	sulvenis At	K. Vover	7a-160001
1 57334	23a.	BURIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OR CREMATORY	123d LOCATION	-11	
3P		Burial	110 10		CITY OR TOWN	COUNTY	STATE
	24 F	UNERAL DIRECTOR H. BO	March 10, 19k	250 DA	TE REC'D. BY REGISTRAR 25	b REGISTRAR'S SIGN	ATURE
VH - 16 50M 4/B2 (VRA 15, 4)	V	V.H. Bacon	3447-14th St.	N.W.Wash., D.C.M		La Davidson	



+			1-	FOR STATE REGISTRAR			DEP	ARTMENT O	TE OF MARYLAND HEALTH AND MEN' IFICATE OF DEA'	TAL HYG	0 0	374 NO.	₿ ₀		
	e 6. E			EASED NAME OR PRINT)	FIRST		MIDDLE		LAST		20. DATE OF DEATH		DAY YEA		OUR
	oy be				LOMA	District Co.			AKENEY		1.165	03	02 8	4 2:	15AM
	4 moy		3. SEX			4 RACE		5. DAT		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)		AYS HOURS	- CH Z-4 THO
	8 (FA	De.		Female		Black		7	8 1	914	69	YRS.	L		
	deoth. Page unerg aired hin 3 hours	///	C	THPLACE (STATE OR F.			F WHAT COUN	MARI	IED NEVER MARE		9 BALTIMORE CIT				
	ton thin	1		uth Caroli		U.S.A		<u> </u>	VED X DIVORG		PRINCE 120 USUAL OCCUP			D OF BUSI	MD. NESS OR
5	4 14	14		CHEVERLY		(IF NOT IN SI	GEORGE:	STREET ADDRESS)	RAL HOSPIT		None None	ST OF WORKING I			1
4ND 2120	filled in the fi	35	13a, S	Md.	57.	OTHER INSTITUTIO	13c. CITY OR	BEFORE ADMISSIO	13d Inside City L Yes X No	IMITS?	13e STREET ADDRES	is / zip cor ebec S	t. #	102	5
RYL	within	11/1	14 FA	THER'S NAME FIRST		MIDDLE	LAS	Ť	15. MOTHER'S MA	AIDEN NA	ME	ė		LAST	
WA	comple 1 and		N	athaniel			Miller		Nancy				Lew		
ORE,	e execut ond co Pages 1	1		(AS DECEASED EVER		E WAR OR DATES		SECURITY NO				DRESS			
IIWO				no			251-56-	1390	Mamie R	eno1	dys 1108 K	ennebe			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 MEDICAL EXAMINER NOTIFIED	death ce attending ove carbo tian, or re		NO	PART 2 OTHER SIGN	which which lost.	D BY: IE CAUSE (o) DUE TO, (b) DUE TO, (c)	OR AS A CONS	EQUENCE OF	JE NOT RELATED TO		CCC (1 0			PROXIMATE IN FEN ONSET A PCO	
ECOF	beer mit.	1	CERTIFICATION	19a DATE OF OPERAT	ION	196 CON	DITION FOR W	HICH OPERAT	ION WAS PERFORME	D	200 AUTOPSY?	20b. IF Y	ES, WERE FI	NDINGS U	SED ATH?
AL R	hos hos	X	TIF								YES NO		YES [NO	
1 ×	hysicio hysicio ficate I fransit Hygie	14		210. ACCIDENT WAS UND	_	110110	OF INJURY A.M. MONTH	DAY YEA		Y OCCURE	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PAR	1.2)	
0 0	SICIAL SICIAL SICIAL Certific Final-tr	7	CAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER	2)	P.M.	1							
isior CTA	VDING PHYSICIAN. The low re or attending physicion. I. After this certificate has been see as the burial-transit permit. cellth and Mental Hygiene prior.	/	MEDICAL	214 INJURY OCCURE	ILE 🗍		E OF INJURY STREET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATION STREET		CITYO	RTOWN	COUNT	Y	STATE
A A	OING P or after After t e os the alth and			220.1 certify that (I)	K	tol) attended	the decorred f		2/29	. IV	1 3	12	10 4	thet (I	(we) lost
	布吉 医乙工士			sow the decease	d alive an	3	12	19 DY	and that in (my) (our) opinion (death occurred on th	e date and he	our and Irom		. ,
	DIRECTOI			27b SIGNATURE	id) (did no	it) view the bac	y after/death		DEGREE				22c D	ATE SIGNE	D.
	y the y the XAL Dill detach ote De			(DO1. F	V. C	1au	-1	-	ATTEN	NDING F	MEDICAL S	TAFF	13	12/	4
	HOSPI gined b FUNER bold be th the St	/		JON N	ME (TYPE C	61000	WHO		122e ADDRESS		te's nuning		Certer	, dei	netly, po
	Of Draw			URIAL, CREMATION,	REMOVAL				CEMETERY OR CREA	MATORY	23d LOCATION	4	COUNTY		STATE
	BP			Burial		3-7-8	34	Lincol	n Cemetery		Suitland	l, Md.			Jian
D	DHMH - 16 50M 4/8	3		INERAL DIRECTOR			A400	DESCOR			E REC'D. BY REGISTE	-	70 .	NATURE	
	(VRA 15, 4)	-0	Jo	hnson & Je	nkin	s 716	Kennedy	St. N	.W. Washi	MR.1	9 1164 94	he being	son for	plate	



	ı			STATE OF MARYLAND	0 0 0	
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY	000.	
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYP)	DOROTH DOROTH	4 ZELL BIA	tch/ey	MARCH 5	1984 63/pm
	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.
1	1	Female RTHPLACE (STATE OR FOREIGN	Caucasian	Aug. 26, 1905	78 YRS.	V OF DEATH
54		COUNTRY)		MARRIED WEVER MARRIED		
\times		aryland ITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Prince Georg	lish KIND OF BUSINESS OR
C	1	DELPHI	(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING L Clerk - Ret.	
27			DR OTHER INSTITUTION, GIVE RESIDENCE BEFO JNTY 13c. CITY OR TO	RE ADMISSION)		219/0
20			tgomery Silver		733 Sligo Avenu	le Apt. 502
1	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		TPAL
わし	1	Harry	L. Dixon Sr			Higgs
1		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT		Higgs Sligo Avenue
1	1	No Nor		3078 H. Thomas I	Blatchley, Jr. Son	
2		18. CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	anly one cause per line for (a), (b), a	nd (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			ATE CAUSE (a) Res PI	-cyon ULLENY		
Ť.		4860	DUE TO, OR AS A CONSEQU	JENCE OF		2 wat.
1	12	Canditians, if any, which gave rise to immediate	(b)	frauguste ?	neumonia	2 Westo
a la		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	JENCE OF		
6		PART 2. OTHER SIGNIFICANT	(c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDITION GI	VEN IN PART 1/2
	Z	500		01. 110 01	Lernery type	7217 117 117 115
1	18	90 DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
1	I					IFYING CAUSES OF DEATH?
0	8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM TB	PART I OR PART 2)
7	CAL	CIF EITHER NOTIFY MEDICAL EXAMIN	CALLET CONTRACTOR OF THE CALLET CONTRACTOR OF	19		
	AEDB	21d. INJURY OCCURRED	21e. PLACE OF INJURY	FARM, ETC STREET	CITY OR TOWN	COUNTY STATE
	1.	AT WORK NOT WHITE AT WORK				
		The state of the s	tal) attended the deceased from	3/1 1984	, to	19 Fy, that (1) [we] last
			tot view the body aftergreath.		death accurred on the date and ha	ur and from the causes stated
		226. SIGNATURE	1/0//	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
		aunn	you	PHYSICIAN	DIRECTOR PHYSICIAN	210 189
	1	DON HIS TYPE	26/0~0wite,	220 ADDRESS 10300 G18	erbelt Rd, # 10	Jeabrook, md
1	23e.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	PAULT
		(SPECIFY) Burial	Mar. 8, 1984 F	ort Lincoln Cemet	ery, Brentwood,	P. G. Cty., Md.
4/B2	24 F	UNERALDIRECTOR		25e DA	TE PEC'D. BY REGISTRAR 256. REGIS	
	V	V. W. CHAMBE	RS CO., 8655 G	a. Ave., SS, Md	102 1984 genaria	ydson Randelle

HC21, EC. L. noiosoulo elamo rice eoria le - let. le it unesau THE PARTY OF PERSONS AND PROPERTY. 1 1122 3 li e venae t. . estand tentemetr ilve: maint m eurev Clic Cit

u ist with the sort Lincoln Do neterny, Lightween, E. C. Etr., vd.

The commence of the contract o

OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

BP. DHMH - 16 50M 4/83

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4 200		

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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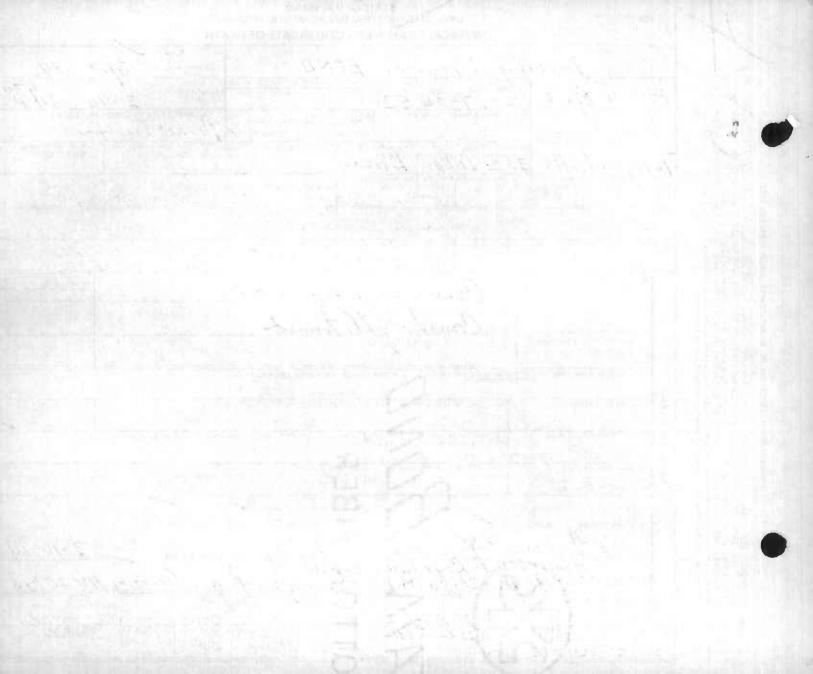
- 4		REGISTRAR				REG. N	0.		
E al C		CEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH	MONTH I	DAY YEAR	2b HOUR
90 90	1	Marg	aret	В	ogley	March 27,	1984		2:15Am
ter d	3. AE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
is of	J"	Fomale	White		st 16, 1904	79	YRS.		
hour plant	720	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY C	RCOUNTY	OF DEATH	
in 72		Washington,DC	U.S.A.	WIDOWE		Prince Ge	orge's	County	y MD.
with with	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
Hed (rt Washington	Fort Washington	Rehal	bilitation Cer				Service
tely filled in by the funeral director, page 3 2 shauld be filed within 72 hours after death mnc(migs)		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
and	Ma	ryland Prince	George's Brand	ywine	YESX NO	11800 Earn			20613)
campletely 1 and 2 sh	14. F.	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE		LAS!	,
and and	Ed	ward W. James			Rebecca R.				
Pages 1		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS		
		No N/	A 577-10-	8755	Shirley Bogle	ey - Same A	s #13		
a physician on papers. I emoval.		18 CAUSE OF DEATH (Enter on	ily one couse per line for (o), (b), one D BY: Hepati	dice.	1			BÉTWEEN C	MATE INTERVAL ONSET AND DEATH
on pho emo			D BY: Hepati	c Fal.	lure				
carb carb ar r		5/12	DUE TO, OR AS A CONSEQUE	NGE OF	trrhoata				
nave vation, fraum	1	Conditions, if any, which	(b)Laenne	5 0	111110212				
by the sse rem , cremit other t		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF					
lease ial, a			((c)						
signe nen p nen p	z		ve Cardiovascula			INAL DISEASE OR CON	DITION GIV	EN IN PART To) ·
	1 8	190. DATE OF OPERATION	196 CONDITION FOR WHICH			20a AUTOPSY?	20h JE YES	, WERE FINDIN	ICS LISED
ws of press of the	CERTIFICATION	THE DATE OF CHARIOT	The continuous of which	OIEKANO	WASTERI ORMED		IN CERTIF	YING CAUSES	OF DEATH?
cate hand	- =	21a. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY		21c HOW INJURY OCCURE	YES NO		ART L OR PART 2)	NO 🗌
		OR CONTRIBUTING CAUSE OF DEA				, , , , , , , , , , , , , , , , , , , ,			
burial- burial- d Menta ar Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
the the and and ced o	ME	WHILE NOT WHILE D	(AT HOME STREET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY OR TO	NWN	COUNTY	STATE
Afte as alth mark			tal) attended the deceased from		3/16 10 82	, March	26	84	that (I) (we) last
or or or of He		saw we decemed alve on		84_, or	nd that in (my) (our) opinion	deoth occurred on the d	ote and hou		
hasp ned f ppt.		22h SIGN (1) (w/r) (did) (did no	I A IIA		DEGREE			22c. DATE	SIGNED
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elained by to FUNERAL should be definitely the State MAPORTANT;	/1	Victor Chupkov	ich, M. D.		Clin	ton, Maryla	nd 20	735	
or or show		BURIAL, CREMATION, REMOVAL	236. DATE 23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
3P		urial	March 29,1984 F	ort L	incoln Cemete	ry Brentwo	od, Ma	aryland	STATE
H - 16 50M 4/83			Funeral Home, I		25a DAT	E REC'D. BY REGISTRAR	25h BEGIST	SSIGNATI	Handells
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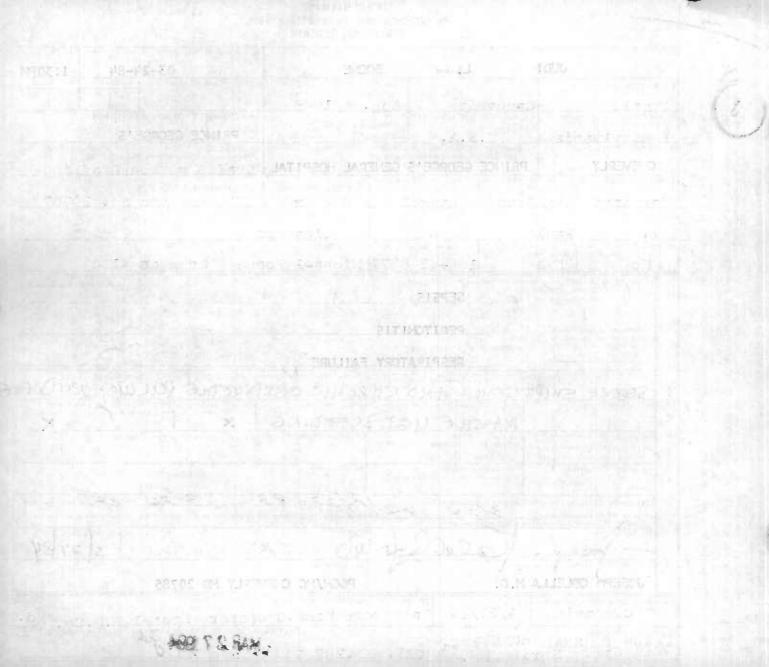


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR PEG NO DECEASED NAME MONTH DAY 7h HOUR 20. DATE KNOWN TYPE OR PRINT DEATH MATED 3/4/84 19 Boissonneault Mark Paul. 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. TIE UNDER 24 HRS 24 HOUR 5. DATE OF BIRTH DATE 21 PIRTHDAY) PRONOUNCED May 2, 1962 Ma.l.e Caucasian DEAD 3/4/84 YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Japan Japan USA Prince George's County WIDOWED DIVORCED 12a. USUAL OCCUPATION (TYPE OF WORK 0 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Construction Bowie Southbound Route #50 and 197 2 SHOULD B ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Prince Georges Maryland 13d INSIDE CITY LIMITS? 13 STREET ADDRESS DOLY Turn YES A NO [DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Cecile Raymond Martel Boissonneault A. M. ADDRESS12400 Melody Turn 166 SOCIAL SECURITY NO 17. INFORMANT IT. PAGES IN IAN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 214-84-1989 Raymond Boissonneault, Bowie, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNEARL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSITI PERMITAFER DEATH, WITH ATHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALLIMORE, MARYLAND, \$1201 PRIGR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [216 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING DOR HOUR A.M. MONTH DAY YEAR driver of auto, hit quardrail, lost control CONTRIBUTING CAUSE OF DEATH 4:40 KM 3/4/849 21e PLACE OF INJURY (AT HOME. 21 LOCATION 214 INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 STATE highway Southbond Rt. #50 &197, Bowie, Md. Autopsy X main described obove, held on and in my opinion Homicide Undetermined monner TITLE (SPECIFY) DATE 3/4/84 M.Don. Chief MEDICAL EXAMINER EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 73r. NAME OF CEMETERY OR CREMATORY 03-10-84 St. Joseph Cath. Cem. Burial Biddeford, York, Maine 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 16000 Annapolis Road **DHMH - 17** Liston-Randoll Home, Bowie, Maryland 20715 (VR A15 ME (5)) 20M 4/B2

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1/1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	/ 3
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
	DECEASED NAME FIRST MIDDLE LAST 20 DATE KI OF DEATH A	ESTI-
DAY FILES NY STREET	S. DATE OF BIRTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCE DEAD	ED 3-10 19 84 30 M
14	West Virginia USA WIDOWED DIVORCED PINE	RECITY OF COUNTY OF DEATH
200	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPA FOR MOST OF WORKIN 13 21 Latillas for 100 cs since the street of the since the street of the since the sin	NTION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY
7	WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION) 1. STATE 136. OUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 13e. STREET ADDRESS)	llas Drive
60	FATHER'S NAME MIDDLE LAST FRIST MAIDEN NAME FRIST MADLE NAME FRIST MADLE NAME FRIST MADLE	
1 16	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. IT INFORMANT MS. Denise Bond-(ADDRESS daughter-3321
/AL	18 CAUSE OF DEATH (Enter only one couse per in) for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.	Canditions, if any, which gove rise to immediate cause (a) stating the <u>underlying cause lost.</u> (b) ON EST Due To Treas (b) ON EST Due To Treas (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).	
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N A		20 AUTOPSY? YES □ NO □
		RY IN ITEM 18 PART 1 OR PART 2)
ZU rk	VINDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	N COUNTY STATE
WITH THE ST ARYLAND, 2	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry (death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined man TIPLE (SPECIFY) MEDICAL EXAMINATOR	DATE 7-10-801
PAGE A SHOUT TO FUNERAL DEATH, BATTER DEATH, BATTER DEATH,	EXAMINER'S NAME OF ROYAL OF CONTROL OF STREET, Prince 1	George, Mr 20748
	(SPECHY) Burial March 16,1984 Lincoln Memorial Cemeter Universal Difference Burial March 16,1984 Lincoln Memorial Cemeter Company Com	ery Suitland, Md.
MH - 17	tewart Fuderal Home-4001 Benning Road N.E. 1 3 1984	elia Devidoor-Nandale





STATE OF MARYLAND

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6	1 -	FOR STATE REGISTRAR		DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	SIENE 083	5 \ 5.	
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174	3 SE)		4. RACE		5. DATE C	28, DAY 1911 YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS D	EAR IF UNDER 24 HRS
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		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		
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etained by the Tro Function of the State with the State of the State o		PHYSICIAN'S NAME ITYPE	Z-KA	72EN	M	D 65 25	Belevest,	Rol. Hyot	sville Mot.
BP	1	urial, Cremation, Remova Cremation	3-14	4-84 Ced	dar H:	EMETERY OR CREMATORY		d, P.G. COUNTM	
NH - 16 50M 4/82 (VRA 15, 4)	24 FU	ineral directorRobt in	Rd.,	Suitland,	Mary	land MAR		25h. REGISTRAR'S SIG	NATURE

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2h HOUR (TYPE OR PRINT) ESTI **EVELYN** HUSSEY BRADSHAW DEATH MATED DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. 4. RACE IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 10 84 4:19A MARCH 13 DEAD Female White July 23 1907 76 YRS 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA Prince George's WIDOWED XX DIVORCED CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRYHOSP. Hospital of Pr. Geo. Co. Insurance Clerk Lanham Doctors DC General SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Prince Georges Adelphi 13d. INSIDE CITY EIMITS? 13. STREET ADDRESS 1711 Langley Way Maryland YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST (unknown) Frank Hussey ADDRESS 328 Bandera St., 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) N/A N/A 577-05-9662 Robert P. Bradshaw, Jr.-son- Lanham Md 18 CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E OF HEALTH JRIAL, CREW 190 DATE OF OPERATION DEPARTMENT OF HE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 71d INJURY OCCURRED 211 LOCATION (AT HOME TO MEDICAL EXAMINER: INIS CANDER SECULTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains decribed obove, held an Autopsy Inspection deoth resulted from: Natural couses Undetermined monner EXAMINER'S NAME 5009 Rayburn 6t. Camp Springs, MD AUGUSTO P. RODRIOU ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 13c. NAME OF CEMETERY OR CREMATORY STATE Burial 3-16-84 Fort Lincoln Cemetery BP Brentwood Pr. Georges 24 FUNERAL DIRECTOR 11800 N.H. Ave., 250 REGISTRAR'S SIGNATURE GUNA DANASON-Randall DHMH - 17 Hines/Rinaldi Funeral Home (VR A15 ME (5)) Silver Spr. Md. 20M 4/B2

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(VRA 15, 4)

Hyattsville, Md. 20781

STATE OF MARYLAND

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	ECEASED NAME	FIRST		WIDDLE	-	LAST	20. DATE OF DEATH	MONTH DAY		26. HOUR
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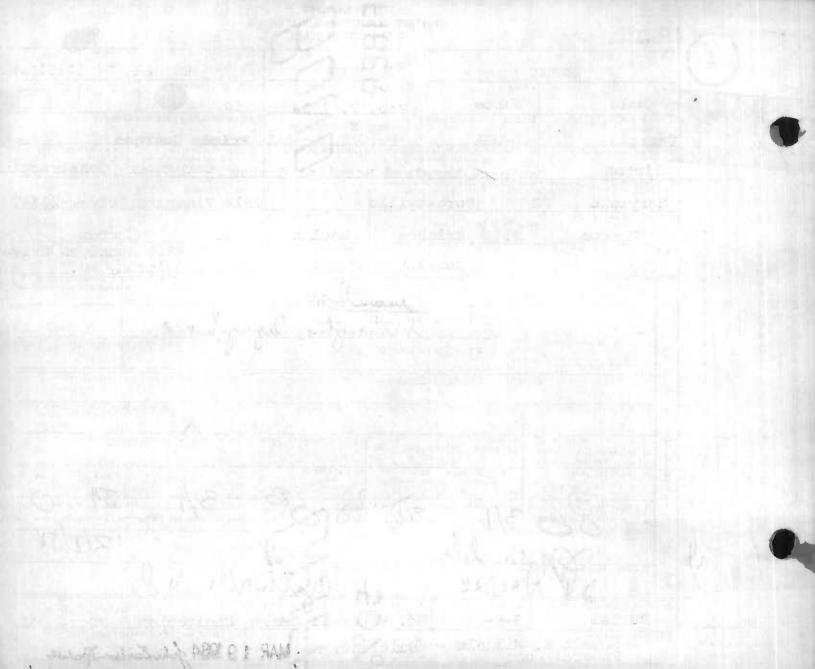
DHMH - 16 50M 4/82 (VRA 15, 4)

Cremation

24 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. Hyattsville, Md.20781

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ROLLINS FLIMEDIN HOME, INC.

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Owings. MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR - STATE

REGISTRAR

Rattsch Funeral Home

(VRA 15, 4)

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FOR STATE

STATE OF MARYLAND

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IO CITY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD PRINCE GEORGE GE	ORESS)	12a USUAL OCCUPATION	
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 135. COUN Maryland Prin	NTY 13c CITY OR TOWN	136. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	on Street 20781
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160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURI WAR OR DATES) 577 07 315		ADDRESS Burkley Same	as #13 (Wife)
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OR CONTRIBUTING CAUSE OF DE-		19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	of the location of the deceased from 19 6	DEGREE ATTENDING PHYSICIAN PAGE ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL	and hour and from the couses stated 222. DATE SIGNED PL Sandoner MD
230. BURIAL, CREMATION, REMOVAL	236. DATE 23c. NA	ME OF CEMETERY OR CREMATORY Lincoln Cemetery	23d LOCATION CITY OF TOWN Brentwoo	COUNTYSTATE _

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Md. 20781

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

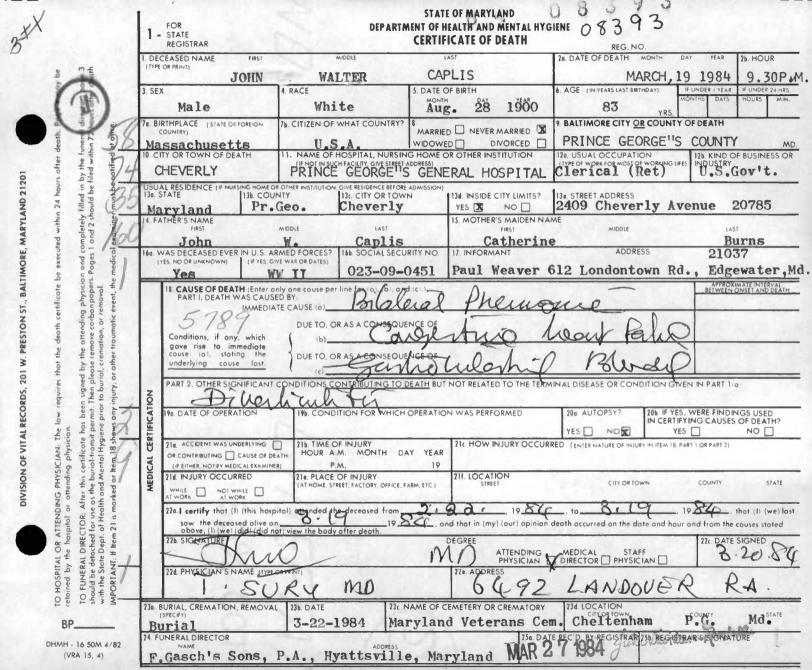
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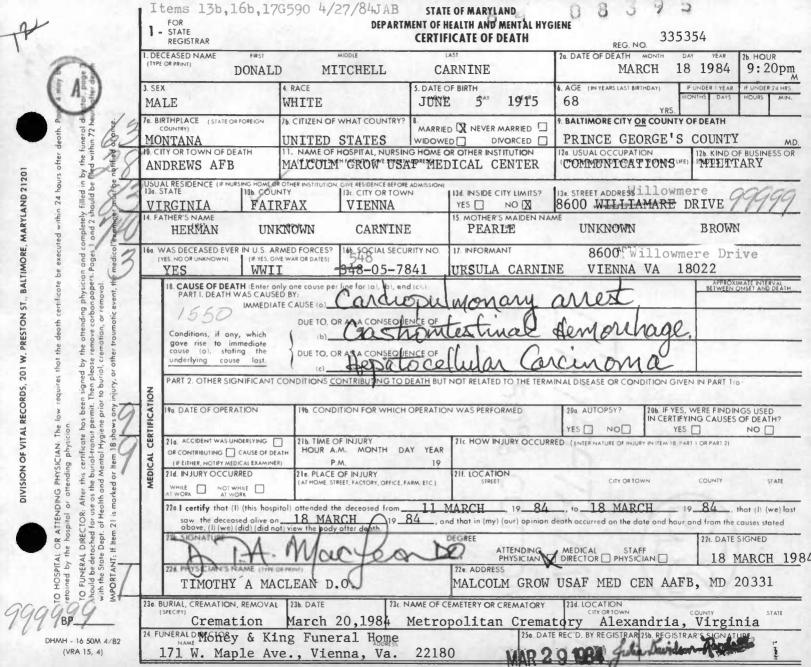
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED JAMES CARR 4 RACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER TYR IF LINDER 24 HRS DATE YEAR PRONOLINCED A SEAR MALE WHITE 6-15-31 19 84 Ja BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY 4-BALTIMORE CITY OR COUNTY OF DEATH MARRIED IN NEVER MARRIED FOREIGN COUNTRYS U.S.A Pr. Geo. Virginia WIDOWED DIVORCED CITY OR TOWN OF DEATH 12a USUAL OCCUPATION STYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Cheverly Roofer PRINCE **GENERAL** UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3604 - 41st Ave. 13b COUNTY 13d. INSIDE CITY LIMITS? Pr.Geo. Colmar Manoryes Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Britton Carr Thelma A. Jasper 4a WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANI 14h SOCIAL SECURITY NO 3205 R. I. Ave. Carr-(YES, NO, OR UNKNOWN) 224-38-6675 Wanda L. Korean Mt.Rainier.Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O ARTERIOSCI FROTIC CARDIOVASCULAR DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A E CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [] NO X BE DEPARTMENT 21a EXTERNAL CAUSE WAS 21h TIME OF INJURY DIVISION OF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) PAGE 4 SHOULD BE FORWARDED TO THE TO FUNRAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMEN BATTMORE, MARYYAND, 21201 PRIÇR TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held an and in my opinion Undetermined manner DATE 3-3-84 MEDICAL EXAMINER RODR 5009 RAYBURN CT. CAMP SPRINGS, MD 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION Burial Md. Veterans Cem. Pr.Geo. Md. Cheltenham 24 FUNERAL DIRECTOR Mt.Rainier, **DHMH - 17** Nal ley's Hobress Inc. (VR A15 ME (5) 20M 4/82

TOTAL INTERNATION CONTRACTOR NUMBERAL INC. naver a decide . A control of the decide of the control of the con Language & Hotography Dillogetheorethy u-inl -/7/2005 ind. Sustant Pr. | Confequer Pr. | 60. | 60. | 61. | 60. | 61. | 60. | 61. | 60. | 61. | 60. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61. | 61.

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10	arylar CITY OR TOW	/N OF DEATH	USA 11. NAME OF HOS (IF NOT IN SUCH FAI	CILITY, GIVE S	RSING HOME, (12a USUAI FOR MOS	T OF WORKIN			12b. KIND OR IN	OF BUS	
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SEN SE	10. CITY	OR TOWN OF DEATH	1. NAME OF HOS	PITAL, NURSING HOME		N 120 USUAL OCCUPAT	ION (TYPE OF WORK 1)	KIND OF BUSINESS OR INDUSTRY
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MA DE SEL	USUAL	RESIDENCE (IF IN NURSING HOME OR C	OTHER INSTITUTION, GI	VE RESIDENCE BEFOR ADMISSION 13c. CITY OR TOWN	In the property of		- '	
A SPECIAL STATES	13a. STA	TE Han COUNTY	Georg	Brandy	13d. INSIDE CITY L	IMITS 13e STREET ADDRESS	Quin	cy St
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A ASSESSED		Wilbur	WIDDLE	Whitehous	30	Gertrude		Gift
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3 647	1	CAUSE OF DEATH (Enter only	ane cause per line	far (a), (b), and (c).)		(315001)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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3	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE REG. NO.	
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Months po	3. SE	× MALE	ASIAN O	5. DATE OF BIRTH SEPTEMBER 4, 1926	6. AGE IN YEARS LAST BIRTHDAY) 57 YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Page	0	RTHPLACE STATE OR FORFIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	PRIMCECITGEORG	EEST COUNTY MD.
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quires that the dea signed by the othe hen please remove to burial, cremation ijury, ar ather troun	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN	(b) DUE TO, OR AS A CONSEOU	JENCE OF DEATH BUT NOT RELATED TO THE TERM	minal disease or condition	GIVEN IN PART HO
he low recion. I hos been it permit. I tene prior tows any it	CERTIFICATION	3-6-84	ASC ITES	H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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TO HOSPITAL cetained by the TO FUNERAL should be deto with the State IMPORTANT: IMPORTAN		VINCENT G.	CASIBANG	6490 LANDO		C LANdOVERMORO
BP		BURIAL, CREMATION, REMOV (SPECIFY) CREMATION UNERAL DIRECTOR	3/27/84 (NAME OF CEMETERY OR CREMATORY eclar Hill Crematory	23d. LOCATION CITY OR TOWN SULTLAND TE REC'D. BY REGISTRAN	COUNTY STATE MO
DHMH - 16 50M 4/B3 (VRA 15, 4)	R	CHARD RAPP	ADDRESS	AUE., N.W. #940 250.BA	81984 Julia Burd	sor-Nandayses

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN DAY 2b. HOUR MONTH (TYPE OR PRINT) ESTI-DEATH MATED NICHOLAS THOMAS CHECHIO 10 19 84 6. AGE IN YEARS IF UNDER TYR. 2d. HOUR 5. DATE OF BIRTH IF UNDER 24 HRS 4 RACE 2c. DATE LAST BIRTHDAY PRONOUNCED :53 DEAD Jan.11,1922 62 Male White 10 1984 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF MARRIED INEVER MARRIED U.S.A. ☐ Prince George's County Pennsylvania WIDOWED DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS R CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Cheverly Prince George's General Hospital Ret. Printer U.S. Gov't. ISLIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) P.G. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 9206 Dandelion Lane 20772 Maryland Upper Marlbord YES IX NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Pamilia Chiacchio Marie James 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 7. INFORMANT ADDRESS Address Same as DIVISION (YES. NO. OR UNKNOWN) No# 13e. W.W.II 169-14-0371 Yes-Army Mrs. Doris M. Chechio APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X TO BUT DEPARTMENT 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE (BALTIMORE, MARYLAND, 21201 AT WORK 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry Hamicide Undetermined manner Natural causes Accident Suicide TITLE (SPECIFY) 3/10/1984 Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRES 5009 Rayburn Ct., Temple Hills. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Maryland March12.1984 Ft. Lincoln Cemetery Brentwood P.G. Burial BP. 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATUR **DHMH - 17** Gasch's Sons F.H. P.A. Hyatts. Md. 20781 (VR A15 ME (5)) 20M 4/B2

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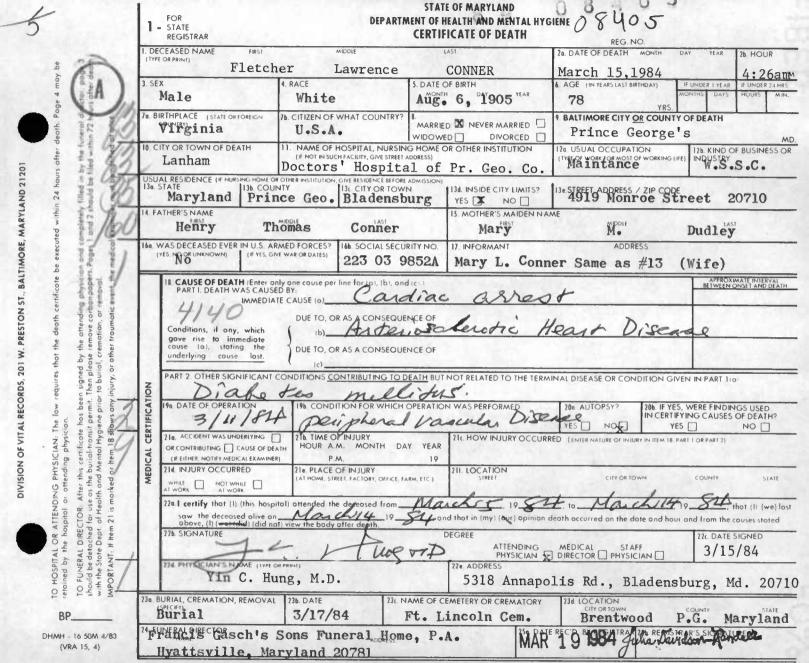
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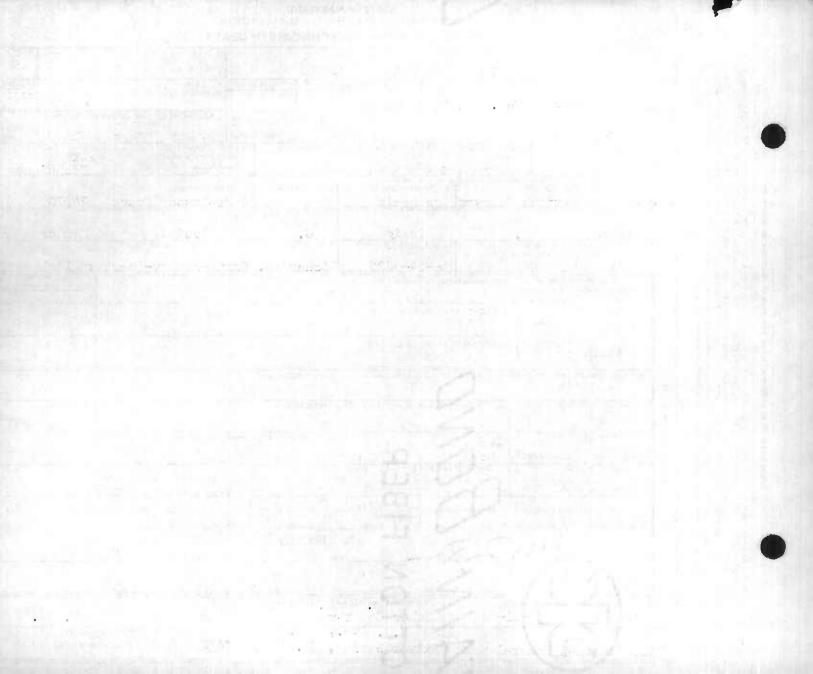
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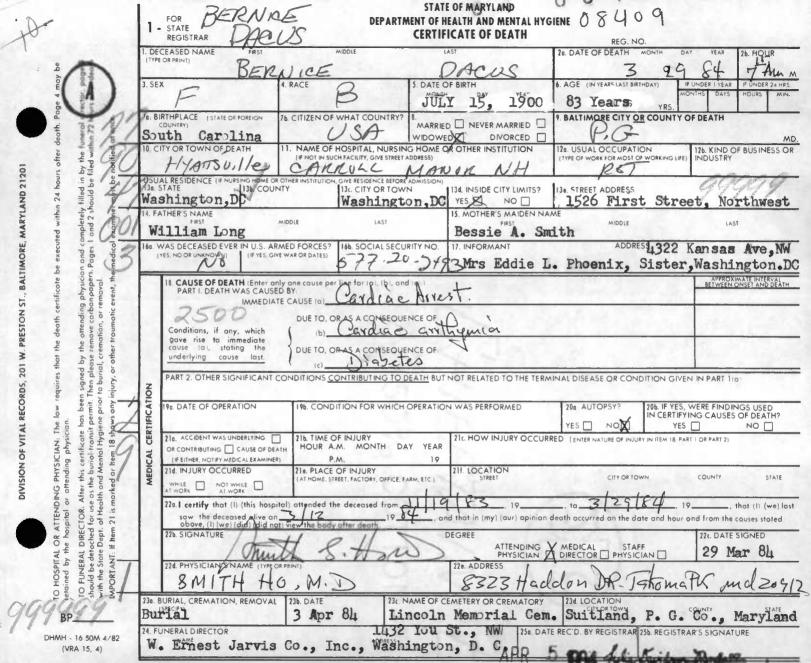
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT 1984 Paula Crupain March 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1 SEX MONTH YEAR 1906 Female White May 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED U.S.A. Prince George's County Germany WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY Prince George's General Hospital Education Cheverly Teacher USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? P.G. Co. Greenbelt 6-K Ridge Road 20770 Maryland NO [15. MOTHER'S MAIDEN NAME A FATHER'S NAME AA IDDLE MIDDLE LAST Selig Robert Johanna Strauss 165 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 6-K Ridge Road (IF YES, GIVE WAR OR DATES) 578-44-6934 Eli N. Crupain (Husband) Greenbelt, Md. No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Circlovascula accident IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate belium fiery & amel fish le te. cause (a), stoting the underlying couse lost DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL HE FITHER NOTIFY MEDICAL EXAMINERS 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 22a 1 certify that (1) (this hospital attended the deceased from... saw the deceased alive an obove, (I) (we) (aid) (did not) view the body after death. and that in (my) (our) opinion deoth occurred on the date and hour and from the couses stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL March/12/84 ild be deto the State I PHYSICIAN X DIRECTOR PHYSICIAN 22e ADDRESS Greenbelt Professional Bldg. Greenbelt, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE BP Cremation Chambers Crematory Riverdale, P.G. Co., Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Julia Davidson-Randalle Chambers Funeral Home Riverdale, Maryland (VRA 15, 4)

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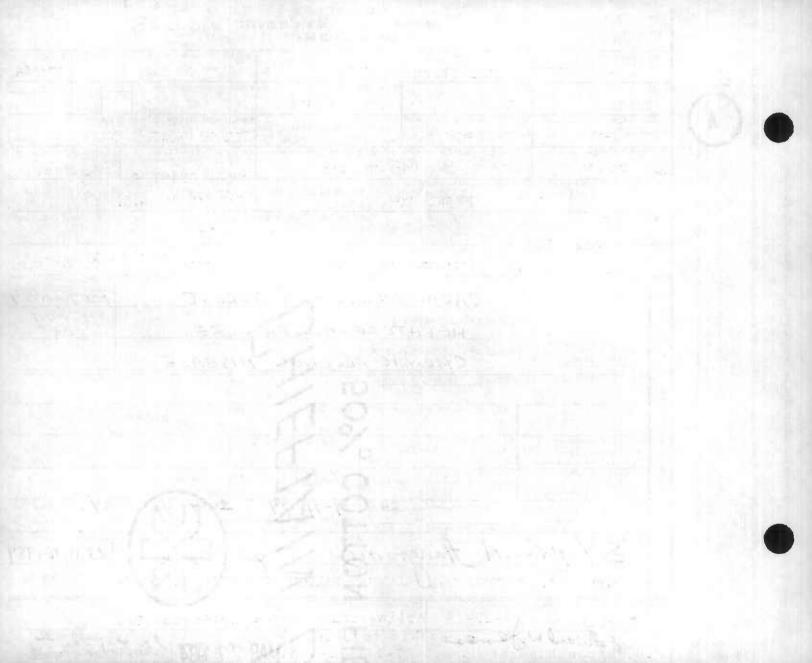
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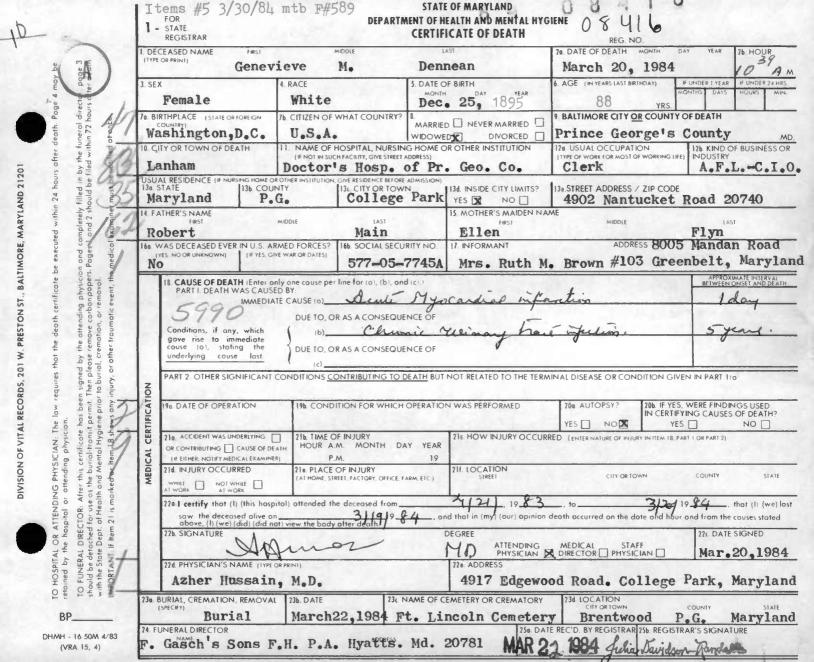


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	5) olas@ci	1. DECEASED NA (TYPE OR PRINT)	ME FIRST	A	R. De	Lacv	LAST		20. DATE KNOWN [OF ESTI- DEATH MATED [8 19 84	26 HOUR
		3. SEX Female	4. RACE White	S. DATE OF BIRTH	16. AGE (DER 1 YR. I	F UNDER 24 HR	S. 2c. DATE PRONOUNCED DEAD	MONTH 3	8 19 8 4	356
		7a BIRTHPLACE	(STATE OR TON DC	75 CITIZEN OF W	HAT COUNTRY?	T.		ER MARRIED DIVORCED X		OR COUNTY	OF DEATH	17
	90	Bowie	N OF DEATH	11 NAME OF HOS (IF NOT IN SUCH FA	PITAL, NURSING HOCKLITY, GIVE STREET ADDRIVE HEALTH CE	OME, OR OTH		ON 12a l	USUAL OCCUPATION (TY) OR MOST OF WORKING LIFE] Secretary	_	2b. KIND OF BU OR INDUST Legal	RY
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•	TO MEDICAL EXAMINEE: THE EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORW TO FUNEAL DIRECTOR. PACES CASH, WITH THE ST. BATTINGRE, MARYLAND, 2	death res	ertify that I took char ulted from Note	ge of the remoins de- irol couses	Accident .	Suicide	TITLE (SP	ECIFY)	Inquiry 3, o determined monner	DATE SIGNED	3/9/1	
		23a BURIAL, CREA	MATION, REMOVAL Urial		23c. NAME OF		R CREMATOI	RY 23d	LOCATION SUITLAND		Maryla	
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USUAL RESIDENCE (# Nulls and Note of Contra Scholling Contra Service (From Andrews) 18. STREET ADDRESS / ZIP COOR 20715	10	FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	5
Female Path Brithard Path Path	75	T DECEASED NAME FIRST (TYPE OR PRINT)	ABLE C.			
RECEIVED FOR COUNTY INCOMES IN	(E)			MONTH DAY YEAR		MONTHS DAYS HOURS
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RICHARD OF THE MANUAL SAME FORCES? IN WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT TOOMS Greely Road (1985) CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO A CONDITION FOR WHICH OPERATION FOR WHICH OPERATION FOR WHICH OPER	10 35	13a. STATE 113b. CO	UNTY 13 CITY OR	TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII	
The cause of death lenter only and couse per line for (a), (b), and (c) Conditions, if only, which is immediate couse (a), storing the underlying couse (b), storing the underlying couse (couse (b), storing the underlying couse (b), storing the underlying couse (couse (couse (b), storing the underlying couse (couse (co	11/6/	FIRST	MIDDLE LAS			Fletcher
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OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OR CONTRIBUTIO	an signed Then pled in to burial	gave rise to immediate cause (a), starting the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONS	SEQUENCE OF	MINAL DISEASE OR CONDITI	ON GIVEN IN PART I I O
OR CONTREUTING CAUSE OF DEATH OR CONTREUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 2	n pes	RTIFIC			YES NOW	YES NO [
22 L certify that (I) (this hospital) attended the deceased from 19 m, and that in (my) (our) opinion death accurred on the date and hour and from the above, (I) (we) (did) (did not) view the body after death. 22 L DEGREE 22 L DEGREE 22 L DEGREE 22 DEGREE 23 DEGREE 24 DEGREE 25 DEGREE 26 DEGREE 27	certification of the municipation of the munic	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH NER) P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
2721. PHYSICIAN'S NAME (1796 OR PRINT) THE HYBIOLOGY LAND BYLLAND BYL	the haspital ar L DIRECTOR. Afi trached for use a e Dept. of Health i If them 21 is mai	22a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did		19 , and that in (my) (aur) opinion DEGREE	n death accurred on the date o	and hour and from the causes st
	o FUNERA by O FUNERA with the State WPORTANT.	MAHMO	norread B	AIG RESS	utment e	
BP 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY Burial Mar 19,1984 Ft. Lincoln Cametery Brentwood, Prince Geo		(SPECIFY)		73. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemeter	v Brentwood	Prince George

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STATE OF MARYLAND

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1	1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 0 8 41 5	3	
		CEASED NAME	FIR5T		MIDDLE	ı	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR P
1 0.75			Anni	le	M .	Ι	evine	March 20,19	984	4:30 M
(SEE	3. SE	Х		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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2 52 (4//		IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	□ NEVER MARRIED □	9. BALTIMORE CITY OR COUN	NTY OF DEATH	
1 1 14	I	reland	DVI	U.S.A		WIDOWE		Prince George	s County	MD.
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xecut and co	16e	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
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ING PHY r attendi	WEL	WHILE NOT WE AT WO	HILE RK	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
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ITAL OR A Day the has by the has start DIREC edetached state Dept.			40	Nun	N	M	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	20/84
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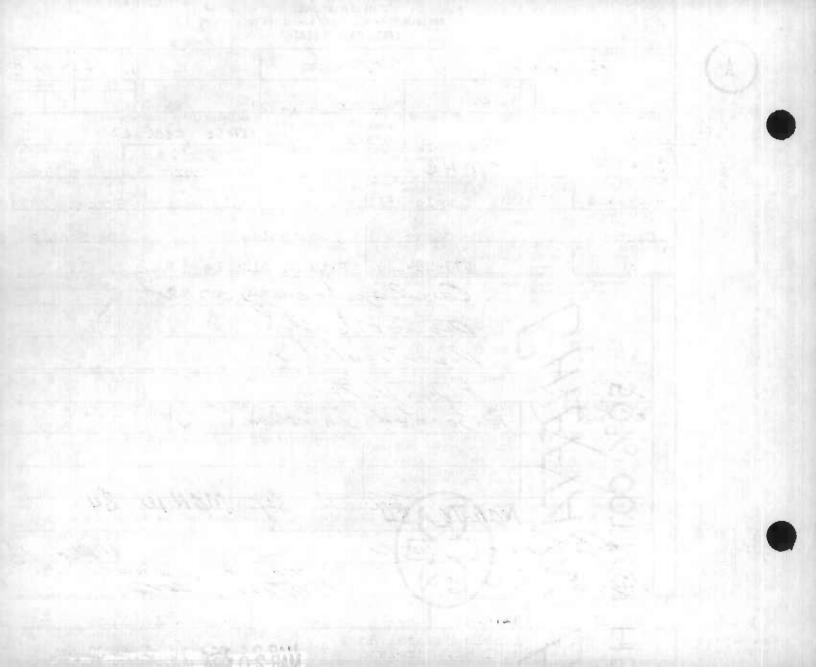
STATE OF MARYLAND

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STATE OF MARYLAND

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6	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 08421	
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(10)	Gemn		11/ Lebba	6. AGE (IN YEARS LAST BIRTHDAY) IF	WINDER 1 YEAR IF UNDER 24 HRS
Poge 4	Female	White	5. DATE OF BIRTH MONTH DAY February 23,18	98 86 YRS.	NTHS DAYS HOURS MIN.
nerol dir	70 BIRTHPLACE (STATE OR FOREIGN TOUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINGE GEORGE	
5 ofter de lied within	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	12b. KIND OF BUSINESS OR INDUSTRY
14 hours	13a. STATE 13b. COL	~	N 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Own Home
RYLAN within 2 within 2 d 2 shou	Maryland PR	Geo Temple	Hillsyes NO 1	12010 Keating	Street 20748
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BALTIMORE soft be exect ysicion and c ppers. Pages wol. it, the medica	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? INVEWAR OR DATES) 577-28-			as #13
that the death certifical by the ottending physics remove carbonpol of cremotion, or remove or other traumotic events.	PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b), one SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Erstentis	ry arred	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
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OF VITAL ICIAN: The g physicion ertificote ho iol-tronsit priol fronsit priol from the mild Hygien fem 18 sho	OR CONTRIBUTIONS CAUSE OF D	EATH HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T QR PART 2)
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TENDI tol or OR: A or use	sow the deceased alive a	pital) attended the deceased from 19	, and that ip (my) (our) opinion	death occurred on the date and hour of	and from the causes stated
OR DOR	22b. SIGNATURE	ace In	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL enoined by 11 TO FUNERAL should be det with the Stote	278 PHYSICIAN'S NAME LITYPE	orpani)	??e ADDRESS	Piscalar	isy Ad
Of Odd M	230 BURIAL, CREMATION, REMOVA	L 236. DATE 23t N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	
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	FOR		DEPARTA		E OF MARYLAND 🧠	IENE O	7U12		
1 -	STATE REGISTRAR		DELAKIN		ICATE OF DEATH	REG.	1723		
	CEASED NAME FIRST	Al	IDDLE	L	AST	20 DATE OF DEATH		YEAR	2b. HOUR
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3. SE	х	4. RACE		S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY) IF UN	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Male	White		Oct.	12, 1917 AR	66	YRS.	DATS	HOURS MIN.
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	ITY OR TOWN OF DEATH			WIDOWE	DR OTHER INSTITUTION	IZQ USUAL OCCUP.	EORGE'S		OF BUSINESS OR
6	CHEVERLY	PRINCE	GEORGE 1	ADDRESS) S GEN	ERAL HOSP.	Owner	ST OF WORKING LIFE)	NDUSTRY	y Shop
3a. S	AL RESIDENCE (IF NURSING HOME C STATE 136 COL aryland Prin		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Chever 1	N	134. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	rest Road	20	785
14. F/	ATHER'S NAME	MIDDLE	27 U		IS MOTHER'S MAIDEN NA	ME		LAS	SI
<i>L</i>	Albert		Druckery		Edith	Annie	Unk	nown	
16a V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	061 03 9		Mildred B. D		ame as #1	3 (1	Wife)
	IB. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per li ED BY:	ine for (0), (b), and	diesi /	10 17	0.		APPROX BETAMEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	AS A CONSEQUE	aro	mys par	the Lep		We	sulley
NO	PART 2 OTHER SIGNIFICANT	MON CONTINUE	NTRIBUTING FOT	PEATH BUT	elus ,	Melle Melle	en VUI	of C	1
CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	10b. IF YES, WI IN CERTIFYING YES	G CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER NOTIFY MEDICAL EXAMIN	EAIR	A. MONTH DA	AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF I	NJURY IN ITEM TO PART I	OR PART 2)	
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	22a.l certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did a	7.5	19_0	317	nd that in (my) (our) opinion	death occurred on the	e date and hour and		that (I) (we) last couses stated
	22b. SIGNATURE	0			DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗌	PRE DATE	SIGNED 9.84
	THE PHYSICIAN'S NAME THE	nou	SAHAK	las	27e ADDRESS 563.	2 Aun	dus /	R. P	
23a (BURIAL, CREMATION LEMONA Burial	3/12/8	/		EMETERY OR CREMATORY Coln Cemetery	23d LOCATION CITYOR JOWN Brentwo	ood P.G	YINUC	aryland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Md.

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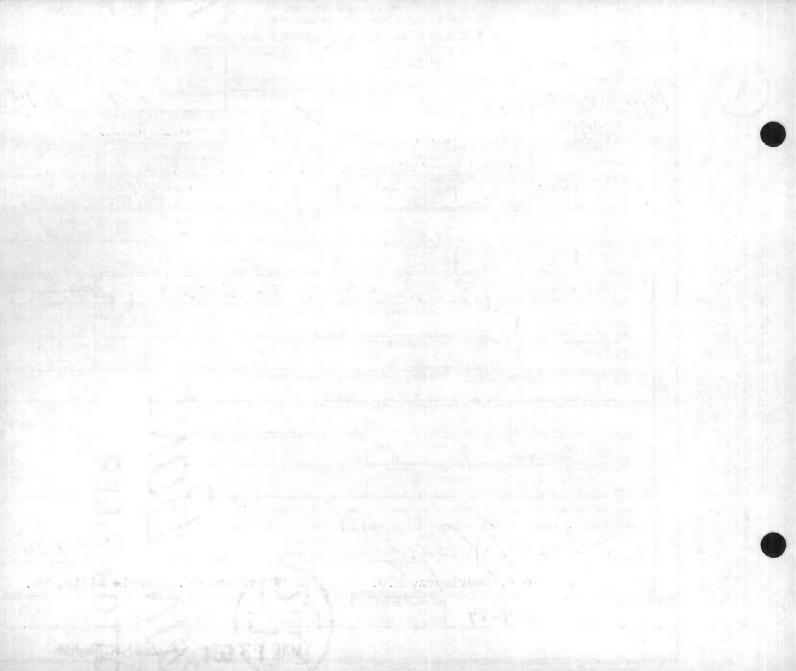
FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 76 HOUR 20. DATE KNOWN TTYPE OR PRINTI ESTI-BSEDH DEATH MATED 10 24 HOUR IF UNDER 24 HRS DATE PRONOUNCED DEAD de 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Washington, D.C. U.S.A. WIDOWED _ DIVORCED 2, AND 3 TO THE FL 3. RETAIN PAGE 3 2 SHOULD BE FILED. 126. KIND OF BUSINESS IIL CATY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Mechanic Heavy Equip. USUAL RESIDENCE OF IN NUR IN 3,00ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20748 BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5008 Brinkley Rd. rince George Camp Springs Maryland YES T. PAGES 1 AND 2 S DIVISION OF VITAL 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME GES I. MIDDLE Catherine W. Farrell Payne Joseph 8. GIVE PAGES WITH FORM F 166. SOCIAL SECURITY NO 7. INFORMANT 5008 amp 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Brinkley Springs, IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES 219-34-7632 Tommie A. Farrell No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH JATE, WRITING THE WORD "PENDING" IN THE STATE ALONG WITE OF THE CHIEF MEDICAL EXAMINER ALONG WITE STATE DEPARTMENT OF HALLTH AND MENTAL HYGIENE, DITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 18 CAUSE OF DEATH (Enter only one couse per line for (a) //b), and /c).) 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO Z 216 EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED FENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CENECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK Autopsy 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion Suicide Homicide Undetermined manner death resulted from Notural causes TITLE (SPECIFY) ACTUAL Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Temple Hills. Md. Augusto P. Rodriguez. M.D. 23g BURIAL CREMATION REMOVAL 23b DATE Washington National Cem. SuftTand 3/29/84 P. G. Maryland Burial BP 6160 Oxon Hill Rd. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH** - 17 George P. Kalas Funeral Home Oxon Hill, Md. (VR A15 ME (5)

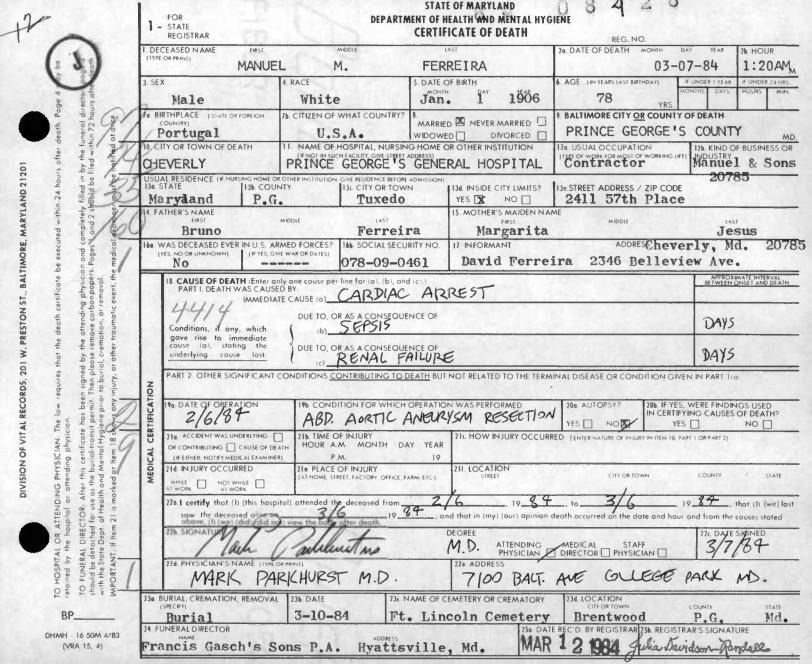
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STATE OF MARYLAND

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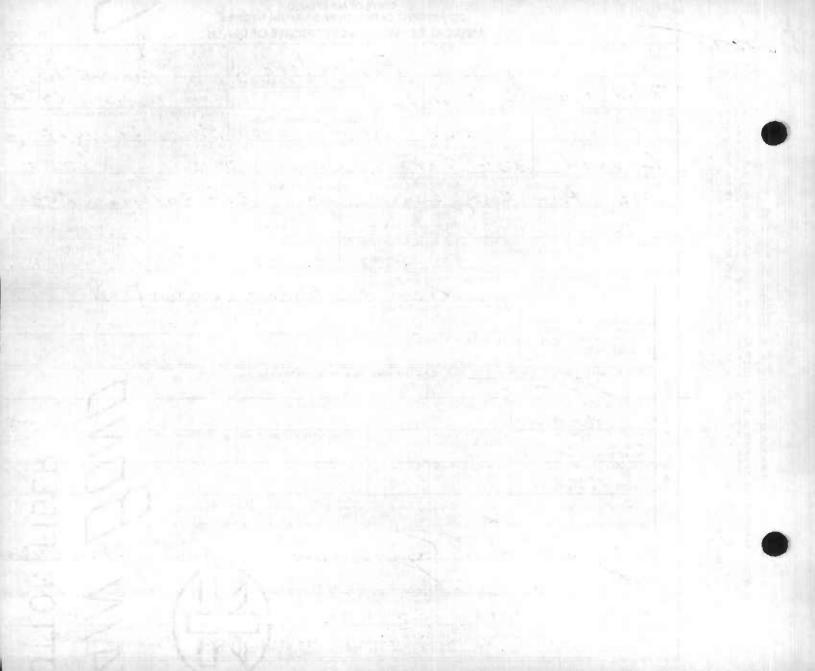
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN March 7, 1984 (TYPE OR PRINT) OF ESTI-Arthur FEICKERT DEATH MATED 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 1923 60 YRS Nov. TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) Dakota 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's WIDOWED DIVORCED North XDexxxxx 18. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Lanham Hospital of Pr. Geo. Co. Steam Fitter Const. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20706 13c. CITY OR TOWN 13e. STREET ADDRESS 130. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? Good Luck Rd. Lanham Md. Prince George YES K 9983 Md . Lanham NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE FIRST Feickert Selma Selzle Jacob 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 60, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 502-16-8838 Yes Mary JaneFeickert 9983 Good Luck Rd WWII 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) newster Candro Va-DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Y I CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULL CE E DEPARTMENT OF NO . 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, FTC 1 CITY OF TOWN COUNTY NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Homicide ___ Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. 5009 Rayburn Ct., Temple Hills, Md. 230 BURIAL, CREMATION, REMOVAL 134 DATI 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Lincoln Crematory Cremation Brentwood BP Prince Geo 24. FUNERAL DIRECTOR **DHMH - 17** ADDRESS Aulia Davidson (VR A15 ME (5)) Donald_V 20M 4/B2





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ALC: CAR	3. SEX	ALE ALE	MONUTE OF BIRTH	6 AGE (IN YEAR	ARS IF UNDER	DAYS HOURS	24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEAR 24 HOUR
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AND 3	tile S			13c CITY OR TOWN	13d	INSIDE CITY LIMITS?	334 Cov	man Ave
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EXAMINER: CERTIFICATI ULD BE FOR LORGECTOR: I, WITH THE S		death resulted from: Nature	ol causes 📛,	Accident Si	vicide	Homicide	Undetermined manner	
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DX 40 A A	23a.B	URIAL, CREMATION, REMOVAL 23	DATE	23c. NAME OF CE	METERY OR CE	REMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH - 17		UNERAL DIRECTOR SOL LI 010 REISTERSTOWN	VINSON &	BROS., INC.	TAND 2	1215 MAD	2 0 1984	SISTRAR'S SIGNATURE
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ately 2 sh	11/1	14 FATHER	S NAME FIRST		MIODLE	LAST		15. MOTHER'S MAIDEN	NAME	WIOOFE	Side.		LAS	Y	
ond ond	(A)	The	omas		F.	Finn	in	Rosetta		V.			Sau	nder	
n ond co		(YES NO	ECEASED EVER OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	166 SOCIAL SI 577-10	0-5461	17. INFORMANT Eleanor Fi	nnin	-Colu	^{RESS} 949 mbia,				p La
The low requires that the dealion. I has been signed by the otter if permit. Then please remove iene proto buriol, cremofion to buy, or offer froutomes any nitury, or offer from tows.	1	PART	ditions, if ony e rise to imite (a), status erlying couse 2. OTHER SIGN	MIFICANT C	CONDITIONS CO	cula	TO DEATH BUT	NOT RELATED TO THE T	ight	EASE OR CO	POOP TOB. OF	ES, WER	RE FINDIN	NGS USE	TH?
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by the hospital or ERAL DIRECTOR: After DIRECTOR DIRECT	1	22b. S	certify that (I) ow the deceas above, (I) Ime) (I) IGNATURE PHYSICIAN'S N	ed olive on did) (did ao	of tended the man and the body	ofter death.	ster i	d that in (my) (our) opin DEGREE ATTENDIN PHYSICIAI 22e. ADDRESS	G A MEDIC	AL ST	AFF ICIAN []	21	from the 20. DATE		ored
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STATE OF MARYLAND

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33	. 4	1.	FOR STATE	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H	HYGIENE 0 8 4 5	4
MA		L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
2 4			CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 75 HOUR
Charles to			ISAAC	D	FORD	MARCH 20,19	
3000		3. SE	X	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
8 P.			Male	Black	5-21-1911	72 yrs.	
A 12	100	7a. B	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
V Li	350		Maryland	U.S.A	WIDOWED DIVORCED		CES MD.
1 96	La		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LI	17b. KIND OF BUSINESS OR FE) INDUSTRY
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AND WELL	100	N	aryland	P.G Cro	OM YES TE NO	9522 Croom Ro	oad 20772
130	- Britis	14. F.	ATHER'S NAME	MIDDLE LA	15. MOTHER'S MAIDEN	NAME	LAST
2	1360		Isaac		rd	Unknown	
OR DE	dico		WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	SECURITY NO. 17. INFORMANT	ADDRESS	
7	2/		No	214-	12-7985-A Lau	ra Galloway	SAA
B St Control	4		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly ane cause per line for a),	bi, and ici	Laily 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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000		CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR V	VHICH OPERATION WAS PERFORMED	70a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
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B 4 6			220.1 certify that (1) (this haspit	tal) attended the deceased	from 3/10/ 10 C	14 10 3/201	19 4 , that (I) (we) last
N 2 8 5 1	10			3/20 If view the bady after Jeath.	0 = 1 / - 1	ian death accurred on the date and ha	
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	¥-		27d PHYSICIAN'S NAME (TYPE O	OR PRINT)	PHYSICIAN The ADDRESS	DIRECTOR PHYSICIAN	10.41.07
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DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

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George P. Kalas 6160 Oxon Hill Rd. Oxon Hill Md. MAR

FOR 1 - STATE

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DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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equires that the death is signed by the attent. Then please remare a to burial, cremitle injury, or other traums	gave r cause underly PART 2.		(b)	S A CONSEQUE	NCE OF	NOT RELATED TO T	THE TERMIN	NAL DISEASE O	R CONDITION	GIVEN IN PART	lio:
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(VRA 15, 4)

STATE OF MARYLAND

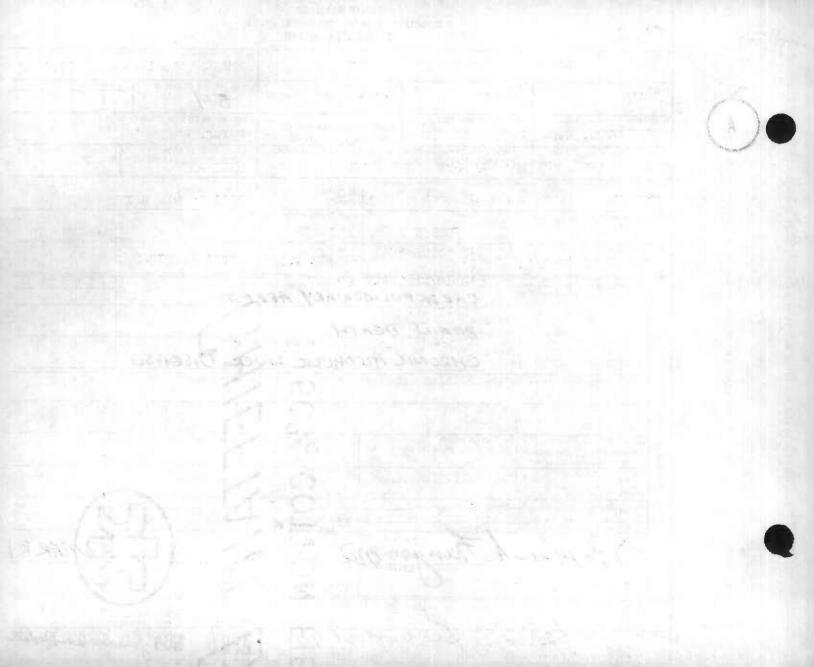
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Stewart Funeral Home 4001 Benning Road, N

(VRA 15, 4)

STATE OF MARYLAND



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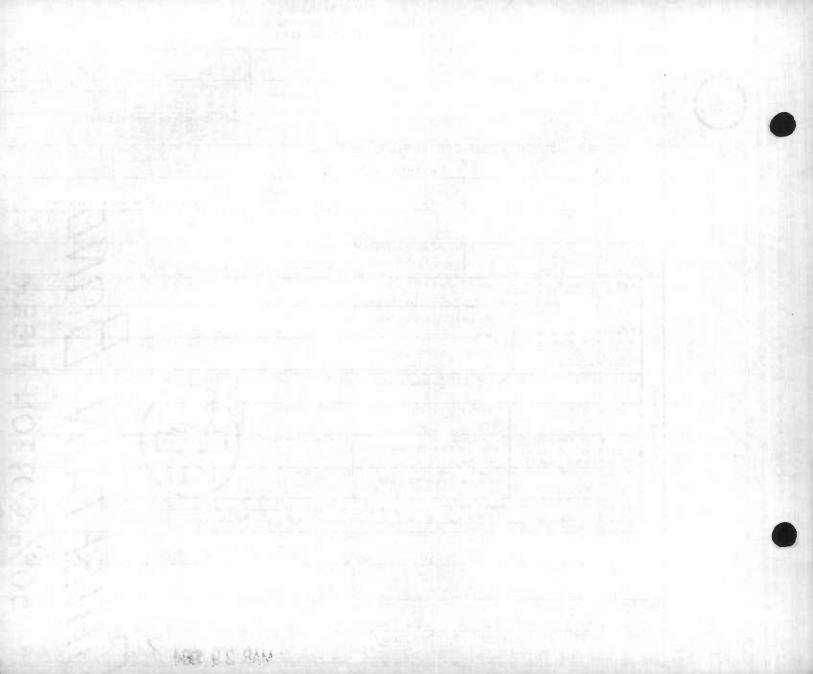
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ALICE GRAY March 23, 1984 8:50a 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS DAYS HOURS March 20, 1919 Female. White 65 In BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED USA Washington, D.C PRINCE GEORGE DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SUITLAND Housewife Home Pennsylvania Avenue USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND PRINCE GEORGE SUITLAND YESXT Pennsylvania Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 0 MIDDLE JOHN ALLEN **EMMA** DAY ADDRESS BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 6h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-30-7216 William Gray, same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: CARDIAC ARREST 5 MIN IMMEDIATE CAUSE (o) W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF HEART FAILURE 5 MIN Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause YRS ARTERIOSECLEROUIS DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX YES [NO [Mental Hyg 7 a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER! P.M 5 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF MEDICAL DIRECTOR THYSICIAN FUNERAL PHYSICIAN. 22d PHI SICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ould be MPORT J. H. Thibadeau, M. D. 3112 Alabama Avenue, S. E., Washington, DC 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE March 26, 1984 Lee's Crematory Cremation Clinton, Maryland 24. FUNERAL DIRECTOR Lee Funeral Home Inc. DHMH-16 60M 1/73 (VRA 15(4)) 6633 Julia Davidson Old Alexander Ferry Road, Clinton, Maryland



and completely filled in by the funeral directors of ond 2 should be filed within 72 hours or

injury, ar other troumatic event, th

certificate has been signed by the attending

1 - STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

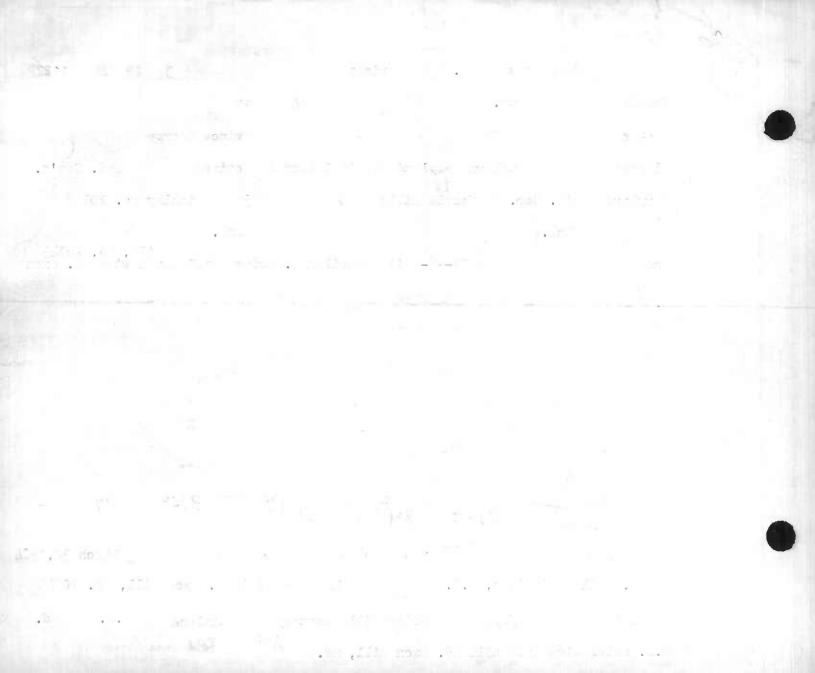
	REGISTRAR				CERTIF	ICATE OF DEATH		REG. I	NO.			
	DECEASED NAME	FIRST		MIDDLE	1	LAST	2a. DAT	E OF DEATH	HIMOM	DAY	YEAR	26 HOUR
L.	YPE OR PRINT)	Jeanne	ette	J.	Gri	mes			3	29	84	1122P
3. 5	SEX		4. RACE		J. Grimes S. DATE OF BIRTH DAY OF THE PROPERTY OF THE PRO							
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14.	FATHER'S NAME FIRST	Unk.	AIDD(E	LAST				nk.				
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	IN CAUSE OF BEAT	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										XIMATE INTERVAL
TION	PART 2. OTHER SIG	NIFICANT C	(c) ONDITIONS <u>C</u>	ONTRIBUTING 1	O DEATH BUT							
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED				RTIFYING		S OF DEATH?
		CAUSE OF DEA	III	DF INJURY .M. MONTH .M.			CCURRED (ENT		IURY IN ITEM	18 PART L	OR PART 2)	
MEDICAL	MOL W	RY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN							NWO	•	COUNTY	STATE
	220.1 certify that (1) (the hospital) attended the deceased fram 3 20, 19 4, to 3/29, 19 saw the deceased alive an 3/29, 19 4, and that in (my) (part) apinion death accurred an the date and haur a above, (1) (yer) (districted not) view the body after death.										from the	, that (I) (we) lo causes stated
	276. SIGNATURE	7			-00	DEGREE ATTENDI	NG MEDIC	AL ST	AFF _			
1	22d PHYSICIAN'S N	AME (TYPE OF	R PRINT)		///	177e ADDRESS	AN DIRECT	OR PHYS	ICIAN [Marc	n 30, 19
	Dr. Phil	ip Wia	setsky,	M.D.		6188 0xe	n Hill	Rd. Ox	on H	111,	Md.	20745
230	BURIAL, CREMATION	, REMOVAL			3c. NAME OF C	EMETERY OR CREMAT	ORY 23d. L	OCATION CITY OR TOWN		COI	UNIY	SLATE
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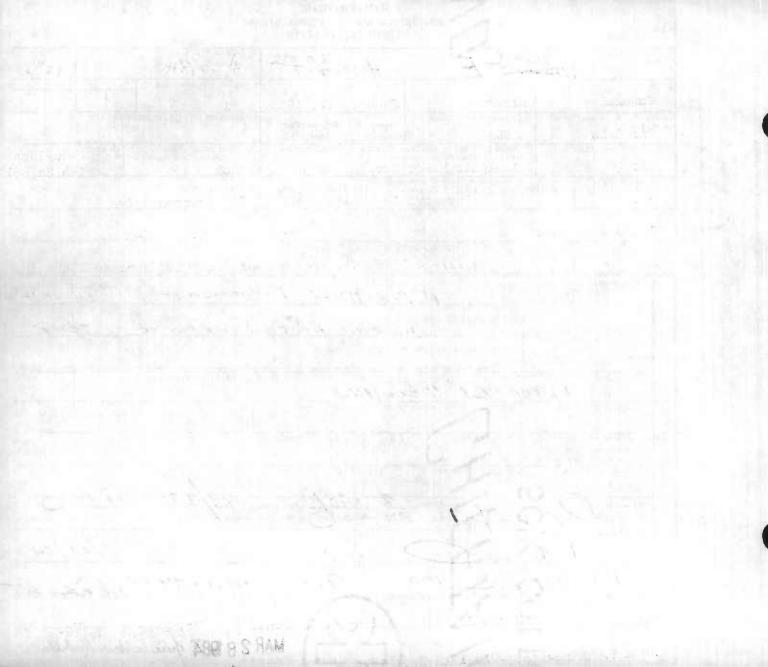
TO FUNERAL DIRECTOR: After

74 FUNERAL DIRECTOR
G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

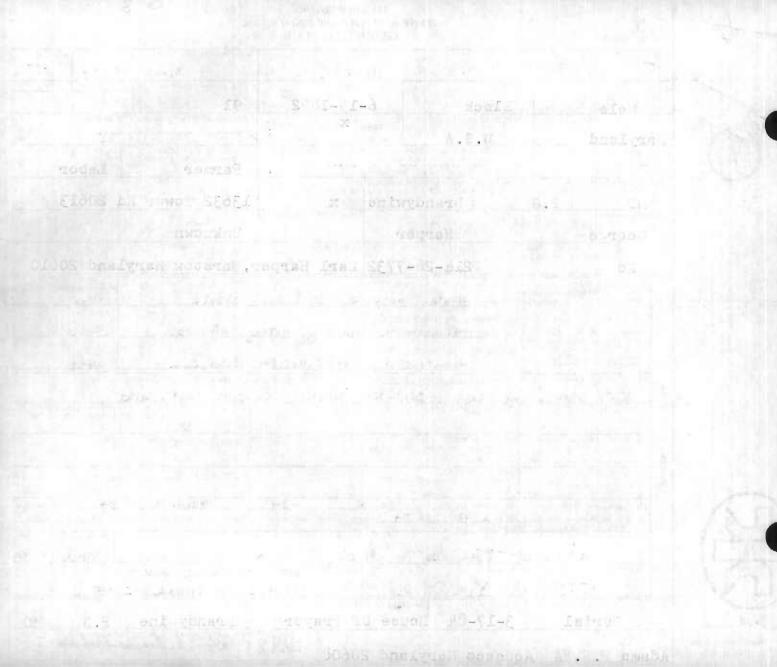
APR 2 - 1984 Julia Davidson-Randal



1	FOR DEPARTMENT OF HEALTH AND MENT ALL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME LAST LAST LOGIC SECURITY CONTROL OF DEATH MONTH DAY YEAR 126 HOUR.										
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been signed by the mit. Then please reprior to buriol, cree	ATION	PART 2 OTHER SIG	NIFICANT O	METE	s me	11/1	NOT RELATED TO THE TER TUS N WAS PERFORMED	MINAL DISEASE OR CON		N IN PART I	
he fo	CERTIFICATION	21g. ACCIDENT WAS UN						YES NO RRED (ENTER NATURE OF INJU	IN CERTIFY!	ING CAUSES	OF DEATH?
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offendir offendir ter this is the bu h and M	MEDICAL	216. INJURY OCCUR	RED	21a. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	21f. LOCATION STREET	citygett	IMIN	COUNTY	STATE
R ATTENDIN hospital or RECTOR: Al hed for use or spt. of Healt		220.1 certify that (1) saw the delease above, (1) (v) e) (22b. SIGNATURE	ed of the or	ital) attended th		-	nd that m(my) pur) apinion	n death accurred an the d	ate and hour c		
by the ERAL DI CERAL		77d PHYSICIAN'S N	ANAE STYPE C	OR PRINT))	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STA	FF CIAN [3/2	3/24
TO HOSPITA retained by TO FUNERA should be de with the Stat IMPORTANT	23a. I	SURIAL CREMATION	(A)		_ mo	NAME OF C	EMETERY OR CREMATORY	MSELLIN 23d LOCATION	y CN	ERE	Lugar
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DHMH - 16 50M 4/B2 (VRA 15, 4)		JOHN T. Rh	ines	Co. 301	ADDRESS	N. T	D. C. 250 04	AR 28 1984	ulia Davi		ndelli



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3. SE	X 4. RAC		DATE OF BIRTH	YEAR	AGE (IN YEARS	IF UNDER 1 YR	R. IF UNDER			MOI	NTH DA		H. HOUR
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13a :	ALRESIDENCE (IF IN NU STATE LTVland	IRSING HOME OR OTH 13b. COUNTY Prince		13t. CITY C	DRTOWN	13d INSID	E CITY LIMITS?		ADDRESS Pine L		206		
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160.	WAS DECEASED EVER YES, NO, OR UNKNOWN) Yes	IN U.S. ARMED (IF YES, GIVE WAR O WWII			22-0347		RMANT line H	annia	1007 \$	ine La keek.	ane		- 11
7	Conditions, if a gave rise to cause (o) stating lying couse lost. PART 2 OTHER SIGNIFICAN	any, which immediate of the under-	AUSE (a)	AS A CONS	inoma o EQUENCE OF EQUENCE OF			ART 1 lai,					
CERTIFICATION	19a DATE OF OPERA	ATION	19b. CONDI	TION FOR W	HICH OPERATION	ON WAS PERFO	ORMED?				120	AUTOPSY?	
FIC	- W. W.												NO X
MEDICAL CERT	216. EXTERNAL CAU UNDERLYING CONTRIBUTING 216 INJURY OCCUR	OR CAUSE OF DEAT	TH P.N	M. MONTH	DAY YEAR	I LOCATION	RY OCCURR	ED LENTER NAT	URE OF INJURY IN	I ITEM 18 PART T	OR PART 2)	.10 🚨	
ME	WHILE NOT AT W	WHILE VORK		TORY, FARM, ETC		STREET		c	TIY OF TOWN		COUNTY		STATE
23e I	220. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) SURIAL, CREMATION, R SPECIFY) URIAL	Auguste	auses X.	Accident [Suicide 2, M.D.	M.D. TILLE M.D. ADDRESS RY OR CREMA	ATORY	MEDICA ayburn 23d, LOCA CITY OR	TOWN	, 	IGNED	3/24/19	
24	FUNERAL DIRECTOR	1.37			nity Me		250. DATE	REC'D. BY RE	Idorf GISTRAR	No.	198	dary.	land
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	quires that the death certificate be executed within 24 hours after death. Page 4 may be	signed by the attending physician and campletely filled in by the triminal direction upge 3 her places remove carbonoppers. Pages 1 and 2 should be filed within 72 her place the property of
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5	1		
		EASED NAME FIRST		MIDDLE	i	ASI	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOUR	
	(TYPE	OR PRINT)	L HENR	ICH	HARTM	AN . Sr.	03	16	84	8:07	A _M
	3. SEX	lale	White	е	S. DATE C	DF BIRTH 28° 1903°	6. AGE (IN YEARS LAST BIRTHDAY) 80	MONT	DER TYEAR	IF UNDER 2	A HRS
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DEDKK DIVORCED	PRINCE GEORG			MD.	
1		TY OR TOWN OF DEATH CHEVERLY	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET GEORGE S	ADDRESS)	OR OTHER INSTITUTION & MC	120 USUAL OCCUPATION			Gover	
-	13a. S	A RESIDENCE (IF NURSING HOME COL TATE 136 COU Prin	ROTHER INSTITUTION INTY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP 4308 Monroe	Stre	et	20722	
2	14 FA	THER'S NAME Unknown	WIDDLE	£AS1		15. MOTHER'S MAIDEN NA Unknow			LAS	51	
	Ióa W	VAS DECEASED EVER IN U.S. A (IF YES, G	RMED FORCES?	579 30 7		Thomas M. Ha	rtman Same as	#13	(S	on)	
		Canditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost.	(c)_	S CONSEQUE		Culman	m				
1	CERTIFICATION	PART 2 OTHER SIGN FICANT	I In Cop	nun	M	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WI	RE FINDI	NGS USED S OF DEATH	H?
	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFE ETHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	R) P.	OF INJURY M. MONTH DA M. OF INJURY BEET FACTORS GREEK	19	211 LOCATION STREET	YES NO PROPERTY NO. 11		OR PART 2)	NO [ATE
-		WHITE ALWORK ALW	2 1 1-4			DEGRAS	death accurred on the date or		22c. DATE		re) lost
		LEWIS H. DE		D		22e ADDRESS	ERSITY BLVD. S		SPR	ING, I	MD.
	23a B	BURIAL, CREMATION, REMOVA	L 236 DATE	236 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		UNIY		ATE
	B	Burial	3/19/8	84 .G	eorge	Washington Co		le I	G	Mary	

DHMH - 16 50M 4/83 (VRA 15, 4)

Frantes Casch's Sons Funeral Home, P.A.

Hyattsville, Maryland 20781

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Singleton Funeral Home, Glen Burnie, MD

(VRA 15, 4)

MAR 27 1084 Filia Davidson-Randell

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

		REGISTRAR				CEKTIF	ICATE OF DEAT	п	REG.	NO.		
		CEASED NAME	FIRST		WIDDLE	· ·	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		OR PRINT)	GENEVE		E	HAYNES			March 16			12:37am
	3 SEX	100		4 RACE		5. DATE C			AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
20	F	'emale		Caucasi	an	Augus	st 19°, 189	77	86	YRS		
6		RTHPLACE (STATE	OR FOREIGN	16 CITIZEN OF	WHAT COUNT	RY? B	O	0	BALTIMORE CITY			
1	Pe	nnsylvan		US	-William	WIDOWE		ED 🔲	PRINCE			MD.
3	ĿA	NHAM		DOCTORS	HOSPI	TAL OF	PR. GEO.		170 USUAL OCCUPA (TYPE OF WORK FOR MOS homemake:	T OF WORKING		OF BUSINESS OR
6	130. S Ma	at RESIDENCE (*) TATE Tyland	13b COUN	George George	13c. CITY OR TO	OWN	134 INSIDECITY LI		13e STREET ADDRES 12616 Mem			20715
/	14 FA	THER'S NAME		MEDILE Tewton	Barnes		15. MOTHER'S MAI	IDEN NAM	Dell Dell		Patter	son
, 1		VAS DECEASED E			166 SOCIAL SI	ECURITY NO.	17 INFORMANT		ADD	RESS		
	(,	no or unknown	(IF YES, GIV	E WAR OR DATES)	215-76	-8845	Martha Le	egg	dtr.	same a	as 13e	OXIMATE INTERVAL N ONSET AND DEATH
4	CERTIFICATION		immediate toting the suse last.	(b)		OUENCE OF	NOT RELATED TO T		NAL DISEASE OR CO	28b. IF Y	GIVEN IN PART 1 (ES, WERE FIND TIFYING CAUSE YES	INGS USED
7		218 ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE	1314	OF INJURY .M. MONTH	DAY YEAR	21¢ HOW INJURY	OCCURRE	D (ENTER NATURE OF IN	_		
	MEDICAL	21d INJURY OCC	T WHILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFI	ICE, FARM, ETC)	211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
1		220 I certify tha	t (I) (this hospi eased alive an e) (did) (did no	tal) attended the state of the		7 10.	DEGREE ATTEN	IDING		AFF		e causes stated
		Plad	A L	Date	heel		22e ADDRESS	alla	A Fox	Ln:	Bowi	ie, 20745
		BURIAL, CREMATK					emetery or crem		23d LOCATION CITY OR TOWN Ren	twood	COUNTY TO	indellatate 2
	24 FL	INERAL DIRECTO		13. 1	116000	Annenol	is Road	Man-DAJE				
		all Fune	11	Deal	ADDRE:	23		三百日	2319844	in a war	4dson Ber	claps o
	De	all rule	ral Ho	10	ВО	wie, Ma	tryland	. 0	0			made !

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IM-OSTANTE I Item 21 is marked Ot-tem 18 shows any injury, ar ather troumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician.

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Homes, P.A. Bethesda, Maryland 20814

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

that standing as not a second to the

Huntt Funeral Home, Waldorf, Maryland

(VRA 15, 4)

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Rd., Suitland, Md

(VRA 15, 4)

Funeral Home

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN TO MONTH (TYPE OR PRINT) OF ESTIconcis IF UNDER 24 HRS DATE PRONOUNCED 6ZYRS DEAD TO BIRTHPLACE (STATE OR **BALTIMORE CITY OR** MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Kansas WIDOWED [DIVORCED 18-CITY OR TOWN OF DEATH 12b KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Electrical Ins. P.G.Co. 20747 13a. STATE 136 CITY OR TO 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS PG Dist. 2226 Wintergreen Avenue Md. Hats, NO 🗌 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Suellentrop Holland Josephine Arthur 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS Above (YES, NO, OR UNKNOWN) Anita M. Holland, Wife, Same as 515-12-7172 Yes W.W.II 18 CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) lustre Carelio Varescher des PART I DEATH WAS CAUSED BY. AMMEDIATE CAUSE O DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO D 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remain described above, held an Autapsy Hamicide _ Undetermined manner death resulted fram: TITLE (SPECIFY) Deputy EXAMINER'S NAME 5009 Rayburn Ct., Temple Hills, Md. 230. BURIAL, CREMATION, REMOVAL Cheltenham, P.G., Md. STATE 3-15-84 Md. Veterans Cem. 4308 Suitland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR RObt E Wilhelm **DHMH - 17** Funeral Home Rd., Suitland, Md. (VR A15 ME (5)) 20M 4/B2

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SABECTAR PINETZ HOURS ESTON STREET	3 SEX	LEANIDE				ST	20. DATE KNOWN OF ESTI- DEATH MATED	* Marc	ch YEAR 75 HOUR
	7a BIF	EMALE BLACK RTHPLACE (STATE OR REIGN COUNTRY)	5. DATE OF BIRTH MONTH DAY 8-12-17 76. CITIZEN OF WI	HAT COUNTRY?	YRS.	ER 1 YR. IF UNDER DAYS HOURS NEVER MARR	24 HRS. 2c. DATE PRONOUNCED DEADOA	3-5 MONTH 3-5	19 84 A 2d HOUF
11/4)0. CI	uth Carolina IY OR TOWN OF DEATH heverly	PRINCE G	States SPITAL, NURSING HOA CRITY, GIVE STREET ADDRESS EORGES GEN VE RESIDENCE BEFORE AOMIS VE RESIDENCE BEFORE AOMIS	ERAL I		ED PRINCE 120. USUAL OCCUPATION 1 FOR MOST OF WORKING LIFE) Laborer		KIND OF BUSINESS OR INDUSTRY rivate
M PM 3. RETAIL AND 2 SHOULD GENTAIRE ORD	13a. ST	L RESIDENCE (IF IN NUT	NTY	13c CITY OR TOWN Wash.,D.	c.	YES X NO 1	3217 6th St.	,N.W.	99999
3///	G	olden VAS DECEASED EVER IN U.S. A	MIDOLE	Goins		Lucille 7. INFORMANT	ADDRE		ters
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E USED AS A BURIAL - TRANSIT PERM COF HEALTH AND MENTAL HYGIENE RIAL, CREMATION, OR REMOVAL.	NOI	Conditions, if ony, which gave rise to immedio cause (a) stating the <u>underlying cause last</u> . PARI 2 OTHER SIGNIFICANI CONDITION	DUE TO, OR (c) (c) (s) CONTRIBUTING TO DEATH		ERMINAL DISEASE (RY 1 (a).		
4	CERTIFICATION	19a, DATE OF OPERATION		TION FOR WHICH OP	ERATION WA	S PERFORMED?			20 AUTOPSY? YES □ NO 🂢
3	MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH P.M	MONTH DAY YE	21f LOC		ED EENTER NATURE OF INJURY IN ITEM		
F	W	WHILE AT WORK 22a I certify that I took cho death resulted from: No ACTUAL SIGNATURE ACTU	rge of the remains desturol couses X,	scribed above, held an	Autopsy Suicide ,		Undetermined manner	and in my opinion, DATE SIGNED	on 3-5-84 NGS -MD20.748
BALTIMORE, M		URIAL, CREMATION, REMOVAL PECKY) U rial	3/10/84	23c. NAME OF C		crematory	23d LOCATION CITY OR TOWN Landover	PG	Maryland

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ene prior to bu TO HOSPITAL OR ATTENDING PHYSICIAN

STATE OF MARYLAND

1	FOR - STATE REGISTRAR	DEF		TH AND MENTAL HYG ATE OF DEATH	REG. NO.	0 4					
1.	DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MONT	H DAY YEAR	2h HOUR				
L	TYPE OR PRINT) MAXI	NE V.	Н	OOVER	3	9 84					
3.	Female	4. RACE White	S. DATE OF B	.2 ^{DA} 1916 ^{CAR}	6. AGE (IN YEARS LAST BATHDAY)	MONTHS DAY					
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTY USA	MARRIED X	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE COUNTY						
10	CHEVERLY	11. NAME OF HOSPITAL, N PRINCE SUGEORGE			128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	KING LIFE) INDUSTR	OF BUSINESS OR Y Home				
13	SUAL RESIDENCE IF MURSING HOME OF BL STATE Maryland Pr	elworth	20781 Avenue								
14	FATHER'S NAME ERST Raymond	Sheph	ST.	Annie	ME MIDDLE	'	AST				
16	WAS DECEASED EVER IN U.S. AF			INFORMANT	ADDRESS						
	(YES, NO.OB UNKNOWN) (IF YES, GF	ve war or Dates] 218	58 1643	Roy R Hoov	ver Same	as #13					
	18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). PROUVE OF CLUBE OF CAUSE (b).										
	Conditions, if any, which	DUE TO, OR ASIA CON	SEQUENCE OF L	est veny	ricular m	asa Al	lys.				
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF								
200	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NO	RELATED TO THE TERM	AMAL DISEASE OR CONDITION	N GIVEN IN PART	lta				
MOLTADISITA	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION W	ASPERFORMED		IF YES, WERE FIND CERTIFYING CAUSI YES					
		HOUR A.M. MONTE	1 9 YAR-21	E HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2					
MEN	IF ETHER, NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK A WORK	2) E. PLACE OF INJURY		LOCATION	CITY OR TOWN	COUNTY	STATE				
	220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (vie) (did) (did no	(tal) attended the deceased (0.	not in (my) (our) opinion	death occurred an the date ar	19 19 or and from the	, that (I) (we) lost ne causes stated				
	22h. SIGNATURE	rano D	MDEG	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_ 9	G SIGNED				
	22d PHYSICIAN'S NAME (TYPE OF		Ta 122	CANONS	Experted se	eglots !	18lv / 20747				
L	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12Mar1984	23c NAME OF CEME	etery or crematory ort Cemete	234 LOCATION CITY OF FOWN Alexand	ria Vi	rginia				
24	FUNERAL DIRECTROBERT Suitla	E Wilhelm d nd Maryland	Euneral I	Home 250. DAT	1884 Gulia Durid	EGISTRAR'S SIGN	ATURE				
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

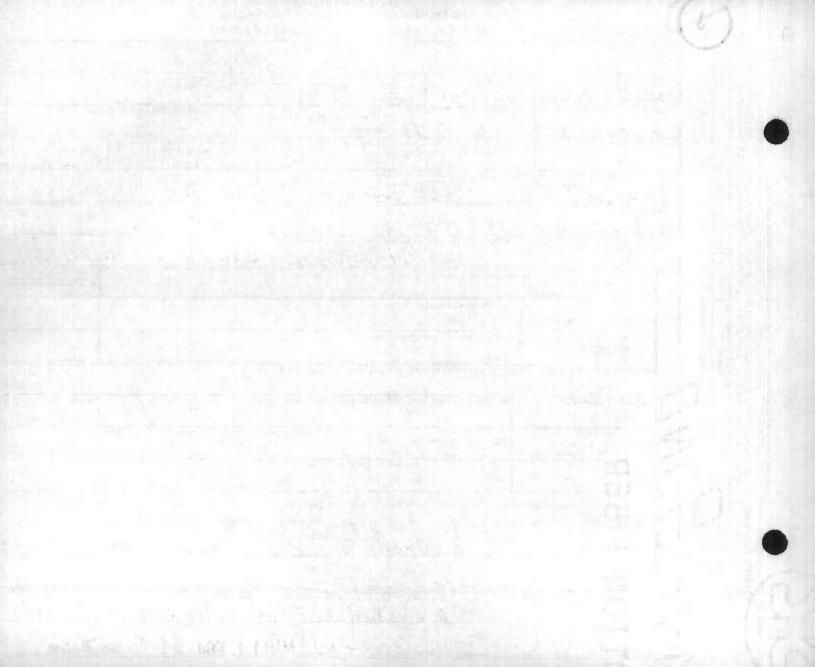
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	FOR STATE			DEPARTMENT C	F HEALTH			8 -	6.	1	
4	REGIST I. DECEASED	NAME FIRST	ME	MIDDLE		ERTIFICATE		TH F	EG. NO.	TH DAY YEAR	2b. HOUR
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海島部2	3. SEX	A RACE	5. DATE OF BIRTH	6 AGE (11	NYEARS IF UN	DER 1 YR. IF UND		c. DATE	MONT	-10 19 81	M 2d. HOUR
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	MA PU	land H	·H	Gkn 13	urnie	YES NO	× 19	Hans	tord	DRIVE	
MD.	FIRS	1/ /	MIDDLE	LAST	11-	15. MOTHER'S MAI	IDEN NAME	MIDDLE		LAST	1
NOR WAR	160 WAS DE	TERICK CEASED EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SECU	RITY NO.	Susa 17. INFORMANT	~	Ar	DDRESS	rophe	<i></i>
BALTIMOR IPS AFIER DE B. GIVE PAGE WITH FORM T. PAGES I.A DIVISION GR	(YES, NO, OI	RUNKNOWN) (IF YES, GIV	E WAR OR DATES)	N/	2	Rosemo		D		1011. 0	. 1
PAS FINAL PAS FI	118 CA	AUSE OF DEATH (Enter a	inly one cause per lin	e far (a) (b) and (c)	7	ROSEMO	Ry	Propi	net	APPROXIMA	TE INTERVAL
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PRES LITHIN TERMINAL THE MAIN SING THE MEN S		onditions, if any, which									
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E	PART 2	OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION GIVEN IN	PART 1 (a)				
A AS A A	19a. DA										
VITAL RESERVING TORD "PECHIEF NATION HELD AUTOF HELD AU	\\ \frac{1}{2} \ \ \ \ \ \ \ \ \ \ \ \ \	ATE OF OPERATION	196. COND	ITION FOR WHICH O	PERATION W.	AS PERFORMED?				20. AUTOPS	Y?
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NOF HEW THE WILD B	UNDER	RLYING XOR	APPROX	M. MONTH DAY Y	EAR ZIG. HC	OW INJURY OCCUR	KED (ENIEKN	ATURE OF INJURY IN	ITEM 18 PART 1 OR	PART 2)	
DIVISION S CERTIFIC RITING TH REDED TO SES SHOUL E DEPARTI	WEDICAL CONTI	RIBUTING CAUSE OF		OF INJURY (AT HOME	84 PA	SS / CAR I	MPACT				
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REG BE	death	resulted fram: Nats	ural causes 🔲,	Accident 4	Suicide	, Hamicide L	Undete	rmined manner	□ .		
W. Y. DECEMBER	ACTUA		ustof	Lucius		Date (SPECIFY)			DAT	E 2-11-	.84
MEDICAL CUTETHE SE 4 SHO FUNERAL TIMORE,	V	0.1	174	110		of the start	MEDIC	CAL EXAMINER	SIG	NED -	
A SUBJECT SEEDS	(TYPE C	DE PRINT	o P. Rodr	riguez, M.D).	ADDRES 009 R	aybur	n Ct.	Temple	Hills. M	ld.
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WILLITHE STATE BALTIMORE, MARYDAND 2	230 BURIAL, C	REMATION, REMOVAL	23b. DATE	23c. NAME OF			73d. LOC				STATE /
BP	6	Burnh	3-15-84	OUR L	ady 8-	The Fiel	do M	Mersvil	/e (A.A) 1	Md.
DHMH - 17	24 FUNERAL	DIRECTOR	ADDRES	s		250. DAT	E REC'D. BY		REGISTRAR"		
(VR A15 ME (5))	Laym	and C. Fix	K G	len Bur	NE	MA MAF	1141	984 qu	hia Davids	on Randa M	

APPROX. 2-10 CHELVON-11 WAT DILITERIA SIM, AUTOLANS, DIRECTAL A TRANSPORT TRANSPORT for alifer of general and the forest that send into a reality

	1		OR	DEDARTMENT OF	HEALTH AND MENTAL	HYGIENE 8	o 3
	(3	E1 -	TATE		ER'S CERTIFICATE	OF DEATH	
10			EGISTRAR EASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN	
120			OR PRINT)	11	TT tele	OF ESTI-	
	PLEASE ECTOR. FILES. HOURS STREET,	1. SEX	Frederick 14 RACE 15 DATE OF	HENRY 6 AGE (IN YE)	Horwath 5		0/ ==/ 0 1//
	ED-58	J. SEA	MONTH MONTH	DAY YEAR LAST BIRTHD	AY) MONTHS DAYS HOURS	MIN. PRONOUNCED	11:00
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t			18 CAUSE OF DEATH (Enter only one cous	se per line for (o), (b), and (c).)		DINITION OF THE PARTY OF THE PA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	WITHIN 24 HOUR NCIL IN TEM 18 AINER ALONG W RANKS FERMIT TAL HYGIERE OR REMOVAL		PART I DEATH WAS CAUSED BY:	(o) Multiple In	iuries		
200	NA A PER	100	01.0	E TO, OR AS A CONSEQUENCE	OF .		
4	RAP A SE	1	Conditions, if any, which gave rise to immediate	(b).			
3	NAME OF STREET			E TO, OR AS A CONSEQUENCE	OF		
-	D N N N N N N N N N N N N N N N N N N N		lying coose lost.	(c)			
Š	DO BE EVENDING MEDICAL DO AS A BILLY MEDICAL CREWALLY		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	IINAL DISEASE OR CONDITION GIVEN IN F	'ART I (a).	
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2	S CERTIFICATE WITH WITH WITH WITH WITH WITH WITH WITH	3	UNDERLYING SOR APPEC	35 p.m. 3/10/8419		ver of auto lost	control/fixed obj
9	P S S S S S S S S S S S S S S S S S S S	18		PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COHNTY STATE
2	THIS CERTIF WARDED TO PAGE 3 SHO TATE DEP	2	WHILE NOT WHILE X	highway	Rt. 5, Waysor	ns Corner, Lothia	an, A.A.Co., Md.
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	M S T C	7	death resulted from: Natural causes		icide . Homicide	Undetermined manner .	
	KAN IRECTION AR		11.	XA 451	TITLE (SPECIFY)		
	M. M		SIGNATURE CHICKLES	I husen Mi	M.pAssistant	LMEDICAL EXAMINER	DATE 3/12/84
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	₩ ₽₩ ₽ ₩ ≥		TYPE OR PRINT) Dennis I	F. Smyth, M.D.	ADDRESS 111 I	Penn St., Balto.	, Md. 21201
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, VEGET 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PARETER DEATH, WITH HE STATEMENT OF THE STATEMEN	23a, B	RIAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF CEA	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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	DHMH - 17	24 FI	NERAL DIRECTOR	ADDRESS	25a. DATE		STRANS-SIGNATURE
	(VR A15 ME (5))	Pa	ymond C. Fink	Glen Bus	enie Md MAR	1 4 1004 Julia S	avidson-Randope
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The second	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
1 75		PECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
it & may de pog	3	EX 1. RACE S. DATE OF BIRTH DAY YEAR MONTHS DAYS HOURS MIN. MONTHS DAY HOURS MIN. MONTHS DAYS HOURS MIN.
8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	55	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED MID.
101	Z	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY RETIRED MILLIWTIGHT RETIRED MILLIWTIGHT
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AARY ongless	164	FATHER'S NAME PHILLIP S. Howard 15. MOTHER'S MAIDEN NAME FRST Phillip S. Howard 15. MOTHER'S MAIDEN NAME FRST FRST FRST Potts
be essen	/	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Same as (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW T 578-05-8731 Beatrice Howard (Wife) above
b) W. PRESTON 5T., BA that the death certificate d by the attending physicals remove carbon plaps out remove carbon plaps of, tremostion, or removal	or other troumotic event, t	B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
AL RECORDS, 21 The law coquires on. I have been signe it permit. Then pl inne prior is but	and injury.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOW YES NO
PESICIAN deg physic s certifican werdel-from	9	21e. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. PLACE OF INJURY
DING PA	peyed	WHILE NOT WHILE ALWORK (AI HOME, STREEL, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (thus boxpital) attended the deceased from 1.2-12-19-03 to 2-19-04, that (1) (we) last
R ATTEN Sospital MECTOR hed for us	hem 21 is	saw the deceased alive an 2/27 y and that in (my) (gur) apinian death occurred on the date and haur and from the causes stated above, (f) (we) (did) (did not) view the body after death. 276. SIGNATURE DEGREE 271. DATE SIGNED
OSHTAL O ned by the FUNERAL D At the detact the State D	PORTANT. R	ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN 3/14/ 224. PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS
TO HOS retoined TO FUN should be	2	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION
BP		Burial 3-3-84 Ft. Lincoln Cem. Brentwood Pr. Geo. Md.
DHMH - 16 50M 4/ (VRA 15, 4)	/92	FUNERAL DIRECTOR VARO 8 1984 Julia Savidon Randa 10 March 1 M

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFIC ATE OF DEATH

REGISTRAR		CLRIIII	CATE OF DEATH	REG. NO).		
1. DECEASED NAME FIRST	WIDDIE	LA	AST .	2a. DATE OF DEATH	MONTH DAY	YE AR	2b. HOUR
Joseph	h Norman	How	7 e	Max	rch 19	1984	9:30A
3. SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 24 HRS
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76. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
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Ft. Washington	11. NAME OF HOSPITAL, NI 2600 Brinkley		t. 413-A	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF ACCOUNTANT	WORKING LIFE)	INDUSTRY	Gov t.
USUAL RESIDENCE (# NURSING HOME OF 138. STATE 136. COUI Maryland Prince	NTY 13c. CITY OR		13d INSIDE CITY LIMITS?	130 STREET ADDRESS / 2600 Brink]	ZIP CODE Ley Rd.	Apt	0744 • 413-A
14 FATHER'S NAME	MIDDLE LAS		15 MOTHER'S MAIDEN NA	WE WIDDIE		LA!	
William T	homas How		Mary	Elsie		Ham	mett
160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL 579-28	SECURITY NO. 3-5607	J. Ronald Br	ooke 6124	Brandy	hall Md.	Ct.
18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (f	by and (c).)				APPROX	MATE INTERVAL ONSET AND DEATH
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gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN	IN PART I	01
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OR CONTRIBUTING CAUSE OF DE. (IN EITHER NOTIFY MEDICAL EXAMINE) 214 IN JURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	19	21r. HOW INJURY OCCURI 21f LOCATION STREET	YES NO NER NATURE OF INJUR			NO _
220.1 certify that (1) (the hosp saw the deceased alive on above, (1) (we) (did no	21.0	0 4	d that in (my) (ear) opinion	, to depth occurred on the do	19, 19 te and hour on	d from the	that (I) (awe) lost couses stated
226. SIGNATURE 226. PHYSICIAN'S NAME (149)	es bella	D	ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗌	3//	SIGNED 9/84
Robert M. N	edzbala, M.D.		11701 Living	ston Rd., F	t. Wash:	ingto	n, Md.
230 BURIAL, CREMATION, REMOVAL	3/21/84		metery or crematory ret Cemetery	23d LOCATION Washing	ton. D.	ourc.	STATE

George P. Kalas Funeral Home Oxon Hill, Md.

6160 Oxon Hill Rd. 25% Date REC'D. By REGISTRAR' 25% REGISTRAR'S SIGNATURE

MAR 21 1084 Julia Davidson Registrar's SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

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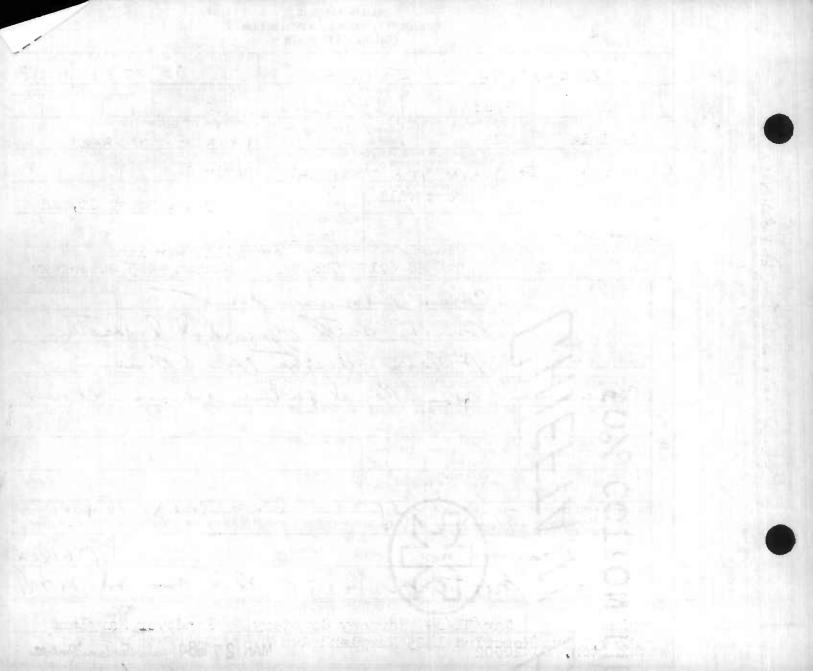
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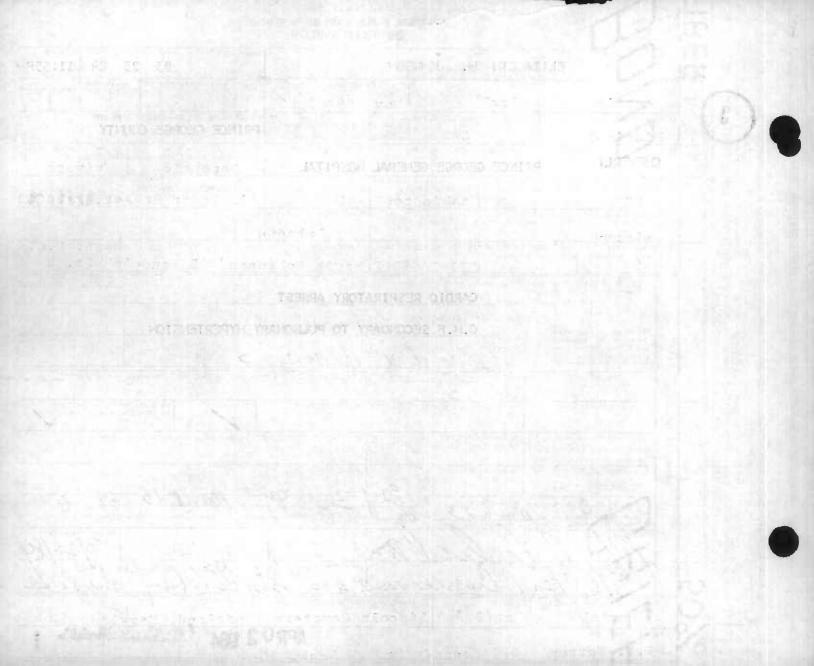
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,		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).	
		EASED NAME	FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
172 4	(TYPE	OR PRINT)	LESTINF		Joh	NSON	03	3 2584	11:21 84
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	7a. 816	RTHPLACE I STATE OF FO		F WHAT COUNTRY?	9		9 BALTIMORE CITY OF	YRS. COUNTY OF DEATH	
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55 1 2 2	23e. B	URIAL, CREMATION, R	EMOVAL 236. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
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DHMH - 16 50M 4/82 (VRA 15, 4)	W 2	REAL PRESTOR	Func H2000	Inc 1425	Mar	yland Ave N	IAR 27 1984	256 REGISTRAR'S SIGN Gulia Davidson	- Randelle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DAY 7h HOUR L DECEASED NAME MONTH (TYPE OR PRINT) 84 11:55P ELIZABETH W. JOHNSON A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3 SEX MONTHS DAYS MONTH YEAR DAY Female Black. 09 1903 Nov BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? In BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED PRINCE GEORGE COUNTY USA Missippi WIDOWED DIVORCED [11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 17h KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERLY RINCE GEORGE GENERAL HOSPITAL Private Domestic USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 132. COUNTY 1313C. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 410 Cedar St. Apt #8 Washington DC 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME AA IDIDLE LAST MIDDLE Unknown IInknown ADDRESS Wash. D.C. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIF YES GIVE WAR OR DATES) 577-36-8092 Mamie Robinson/965 Randolph St. NW 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIO RESPIRATORY ARREST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF C.H.F SECONDARY TO PULMONARY HYPERTENSION Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR ASIA CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO T YES [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF FITHER NOTIFY MEDIC ALEXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHEE THE PROPERTY C The I certify that (1) (this hospital) attended the deceased from sow the bleceased alive on Alluna 3 above Alluna (did not view the body office death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 27v. DATE SAGNED DEGREE 27h SHOWNEDO ATTENDING / MEDICAL DIRECTOR PHYSICIAN PHYSICIAN, WILL THE CIAN'S NAME LETTE OFFRINE 22e ADDRESS 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE Burial Mar/30/84|Lincoln Cemetery Suitland, Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 R.N. Horton (VRA 15, 4) 600 Kennedy St. NW Wash, DC



20	11-	FOR STATE REGISTRAR				STAT MENT OF H EX AMINI	EALTH		ENTAL H	YGIEN	8	REG. N	1	/		
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	3. SEX		RACE black	S DATE OF BIRTH MONTH BAY 8-19-13		6. AGE (IN YEAR LAST BIRTHDA) 70 YR:) MONTH		HOURS	MIN, P	RONOUN DEAD			-7	1984	103
A STATE OF		RTHPLACE (STATE	EOR	76 CITIZEN OF WHAT COUNTRY? United States MARRIED NEVER MARRIED						DED	Pri	ore city	Geor		DEATH	MD
PAGE 5		ccoheek	DEATH	11. NAME OF HOSI (IF NOT IN SUCH FAC 17412 Li	ILITY, GIVE S	TREET ADDRESS)		R INSTITU	TION	FOR M	OST OF WOR	NATION (TY KING LIFE)			IND OF BU OR INDUSTR	RY
E. MD. 21201 ATH. IF ANY DE S 1, 2, AND 3 PM 3. RETAIL MO 2 SHOULD MO 2 SHOULD	13a S	iaryland	E (IF IN NURSING HOME OR OTHER INSTITUTION, GIV 13b. COUNTY Prince Geo.			OR TOWN	N)	13d. INSIDE CE YES	NO R'S MAIDI	13e. STRE	ET ADDRE	ss vings	ston		d 206	
I., BALTIMORE, MD. URS AFTER DEATH. III URS AFTER DEATH. III WITH FORM PM 3. III. PAGES 1 NUD 2 S. UDIVISION OF PAGE.	16a. \	Henry WAS DECEASED YES, NO, OR UNKNOW NO	EVER IN U.S. A	ARMED FORCES?	16b. SO	iohnson CIAL SECURITY 0-12-16		Sar 17. INFORA Will	rah MANT	Johns	7	ADDRES 17608	Liv			oad
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TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, WPAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STA'L BALTIMORE, MARYLAND, 217		22a. I certify death resulted ACTUAL SKINATURE EXAMINER'S N (TYPE OR PRINT	fram: Na	sto P. Rodi	Accident	a. Suit	Autops	Hamic TITLE (S D. Dep	PECIFY)	Undete	Inquiry remined mo	AINER	3.0	TE NED	3-7-	84 1d.
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IN I	FOR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE) MEDICAL BY AMINER'S CERTIFICATE OF DEATH											
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\$ 0.20 P	Male	B ₁		July 24 1	.928 LAST BIR	THDAY) MONT		MIN PRO	DATE DNOUNCED DEAD	монтн	10 19 84	2d HOUR			
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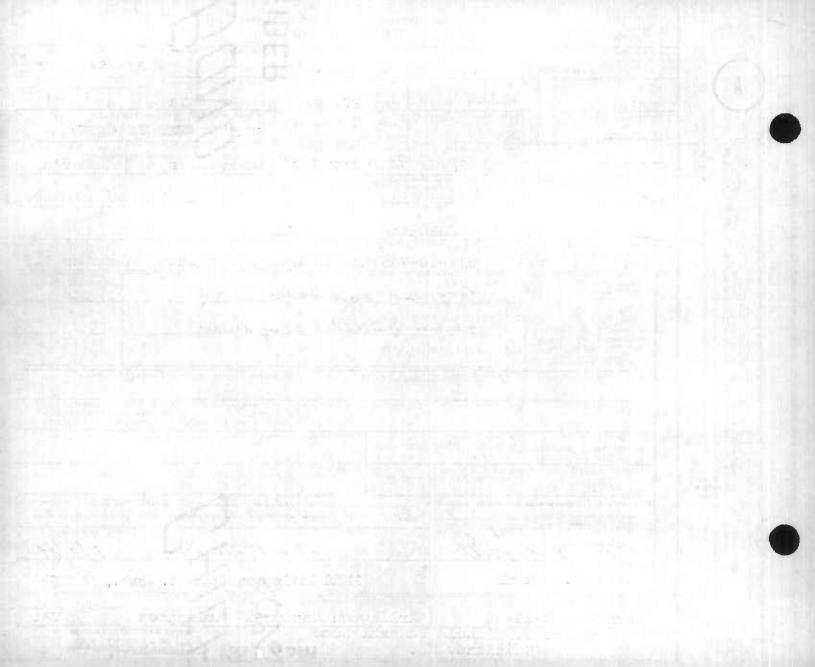
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3 SE	X 4	. KACE	5. DATE OF BIRTH	YEAR	LAST BIRTHDAY	MONTHS		HOURS 2		DATE	D	MOIVIII		24.1100	
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23 o 8	BURIAL, CREMATI	ION, REMOVAL	23b DATE	23c. NA	AME OF CEMET	ERY OR	CREMATOR	Υ	23d. LOCA	TION		COUN	41A	STATE	
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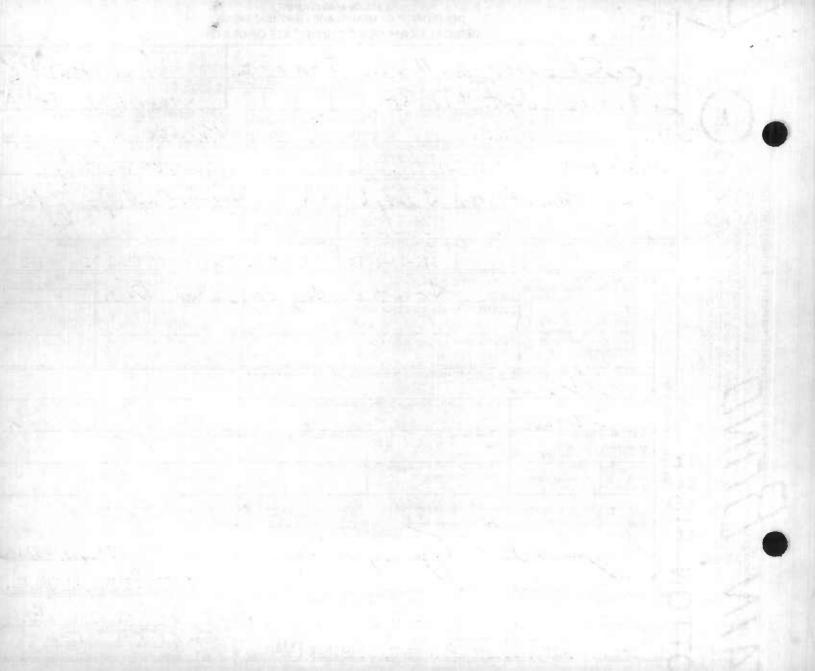
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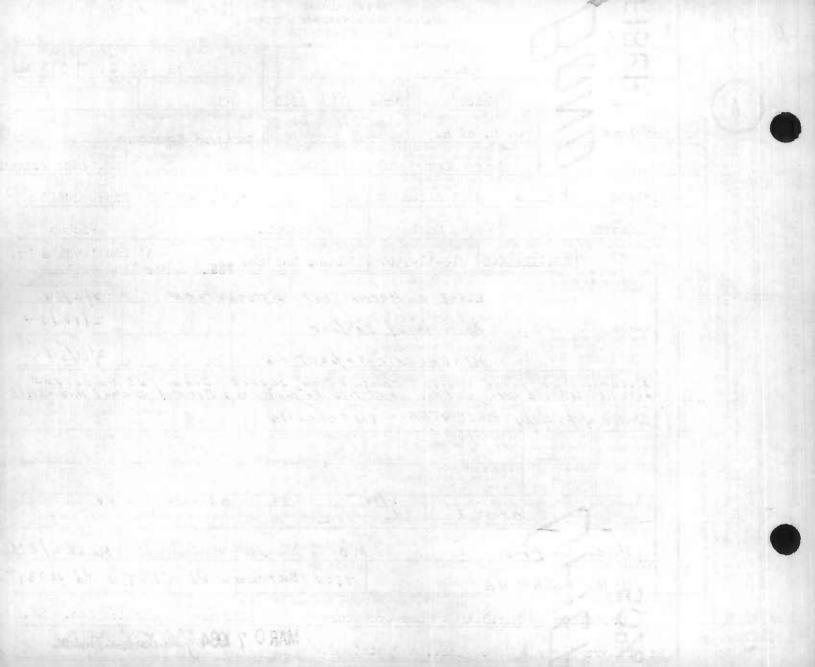
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR SEX DATE LAST BIRTHDAY) PRONOUNCE **OTIZEN OF WHAT COUNTRY** 1. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A FLORIDA DIVORCED WIDOWED OR INDUSTRY ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SENGINEERING TECHNICIAN COOL SPRING ROAD 20783 13a. STATE 136 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE STONER CHARLES JONES, SR. SYLVIA B. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SAME AS 13 YES 579-10-6093 MARIAN G. JONES WIFE WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY AND MENTAL HYGIEN IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection 220 I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinian JGE 4 SHOULD BE TERDEAL DIRECT death resulted fram: Natural causes Hamicide Undetermined manner Suicide TITUE (SPECIFY) SIGNED 23/900 SIGNATURE MEDICAL EXAMINER AFTER I JOHN S. ROGERS 1919 SEMINARY ROAD, SILVER SPRING, MD. 40 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 3/26/84 FT. LINCOLN BRENTWOOD PRI GEO MD. BP BURTAI 24 FUNERAL DIRECTOR 200 REGISTRAR'S SIGNATURE FRANCIS J. COLLINS **DHMH - 17** (VR A15 ME (5)) 500 UNIV BIVD W. STIVER SPRING MD. 20901

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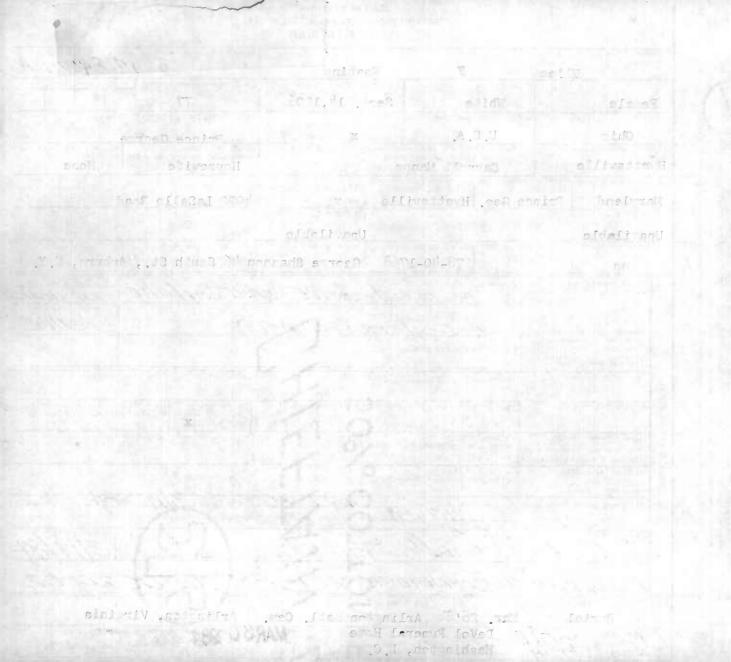
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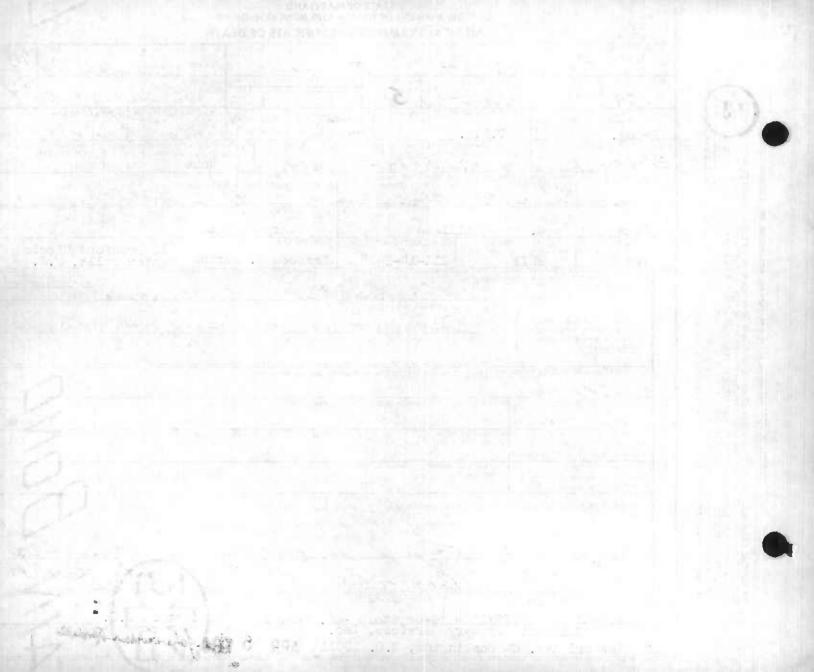


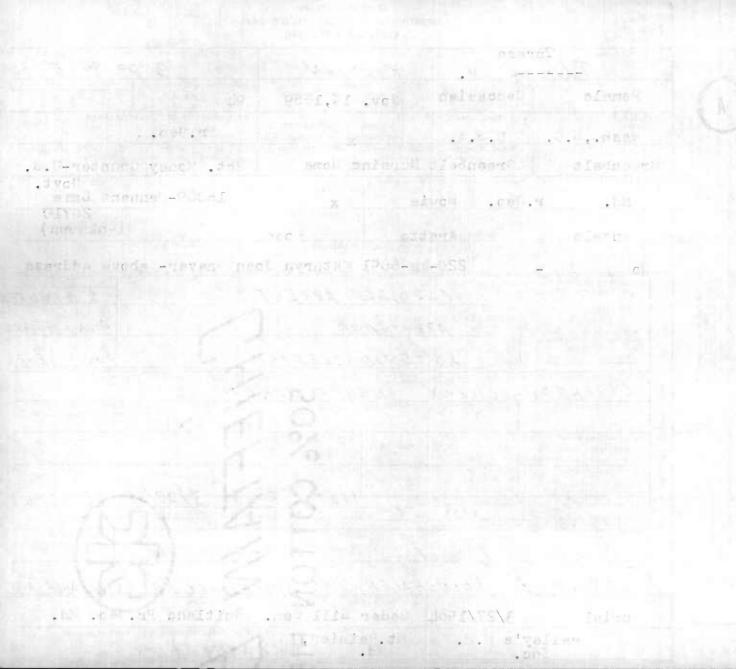
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	1	3. SE	(4. RACE			TE OF BIRTH	VE A D	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
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Pogo P	medi	(res, no or unknown) NO	(IF YES, GIV	/E WAR OR DATES)	578-4	0-1768	George	Shann	on 46 South	St.,	Auburn	, N.Y.
that the death certifical by the attending phy	or other troumatic event		Conditions, if only, gove rise to imm couse (a), storing underlying couse	which ediote	DUE TO, C		SEQUENCE C	1665TTV AR REN			ure	×4	t-Hour SARS
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FENDING tal or of OR: Aft	l is mor		22a.1 certify that (I) (this hospi		ne deceased	from 19	and that in (my)	, 19 80	, todeath occurred on the d	dia and hou	1984	that (1) (we) last
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BP			SURIAL, CREMATION, F SPECIFY) Burial		Mar.	26.84		of CEMETERY OR C gton Natl		Arlingto	n, Vi	rginia	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN PO MONTH (TYPE OR PRINT) DEATH MATED 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR TO BIRTHPLACE (STATEOR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY! WIDOWED DIVORCED Penna CITY OR TOWN OF DEATH OR INDUSTRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) None 30. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST Mary Egan Killeen John 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT Bradford Circle I (IF YES, GIVE WAR OR DATES) Frances K. Burton Trenton Falls, N.J. 211-14-3428 WWII 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LOG 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO DO 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Natural couses death resulted from: Hamicide Undetermined monner TITLE (SPECIFY) STATE 3/23/1984 | Georgetown Med. School Washington, D.C. 14 FUNERAL DIRECTOR Columbia Mortuary Services, Inc. 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** 225 Missouri Ave. NW Washington, D.C. 20011 (VR A15 ME (5)) 20M 4/82





STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRSTDeborah ECEASED NAME Kinder KNOWN [20. DATE PE OR PRINT OF ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 1 9 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR CHIZEN OF WHAT COUNTRY MARRIED | NEVER MARRIED FOREIGN COUNTRY West Virginia US WIDOWED | DIVORCED O CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY IT. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) mailer Direct Mail Svc USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES DO NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE GIVE PAGES 1, //TH FORM PM PAGES 1 AND MIDDLE LAST Buddy Kinder Jaunice N. Hackett 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 219-80-6756 Buddy J. Kinder same as 13e no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. MAMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES 🗌 une NO N HOUR AM MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH, THE STATE DE BALFIMORE, MARYLAND, 71201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK 221 Inspection K 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted fram: Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE John S. Rogers EXAMINETS NAME (TYPE OR PRINT) 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Riverdale Baptist Ch Cem Largo, Prince Georges, Md. 6000 Annapolis Rd. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Bowie, Maryland Funeral (VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-M. IRENE KIRBY 1984 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. SEX 4. RACE IF UNDER 24 HRS 7d. HOUR DATE LAST BIRTHDAY) PRONOUNCED :34 emale White April 23, 1909 74 YRS 14 1984 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED EOREIGN COUNTRY U.S.A. WIDOWED X DIVORCED Prince George's County USUAL OCCUPATION ITYPE OF WORK ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Bookkeeper Laurel Association Laurel-Beltsville Hosp USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e SIREET ADDRESS 4venue 136 COUNTY 20781 Hvattsville Maryland Prince Geo. YES X NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Alvin McMillin Carrie Mevers 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 106ADWendy Street 578 40 9096 Carolyn R. Young Stafford, Va. 22554 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure complicated by hypothermia DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING AOR Exposure to cold. CONTRIBUTING CAUSE OF DEATH ? P.M. 3-14-19 84 71e PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Muirkirk Rd. near Old Balto. Pike, Prince road and in my apin George's Md. 22a. I certify that I took charge of the remains described above, held an Accident X Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) ACTUAL DATE 3-15-84 MD Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT MA OF M 73c. NAME OF CEMETERY OR CREMATORY
Ft. Lincoln Cemetery 230 BURIAL, CREMATION, REMOVAL 236. DATE Brentwood P.GOUNTY Maryland 3/19/84 Burial BP Francis Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Hyattsville, Md. 20781 (VR A15 ME (5)) 20M 4/82

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Robert A. Pumphrey Funeral Homes.

Bethesda, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2b. HOUR 3/16/84 1:45P & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES COUNTY. 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING HEET INDUSTRY Farm Manager Farming 13e.STREET ADDRESS / ZIP CODE Zip 20895 10622 Parkwood Dr. Gulka 17 INFORMANT William J. Kirchiro, Son, 9889 Fleming Avenue, Bethesda, Maryland 186. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22c. DATE SIGNED

COUNTY

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Maryland:

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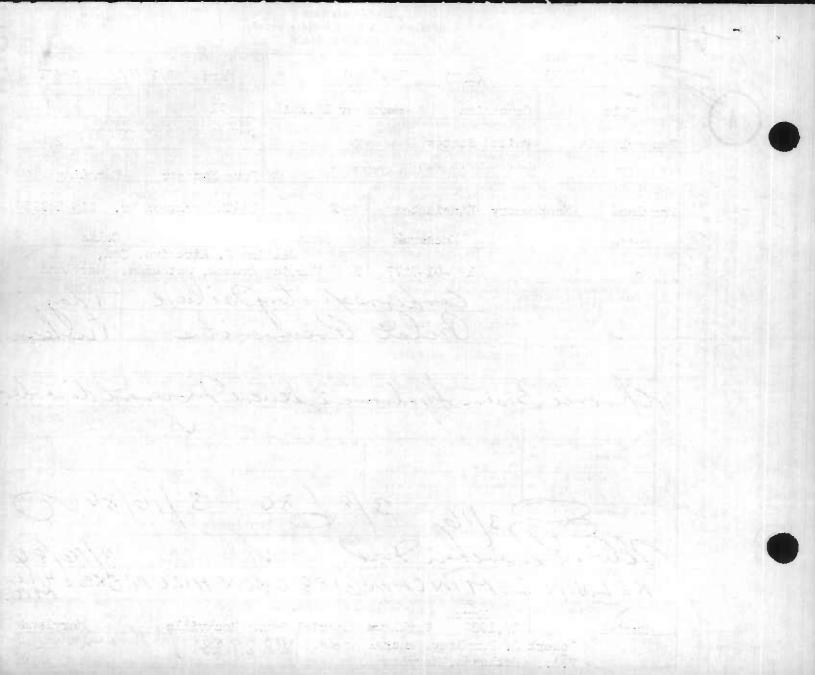
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24 FUNERAL DIRECTOR

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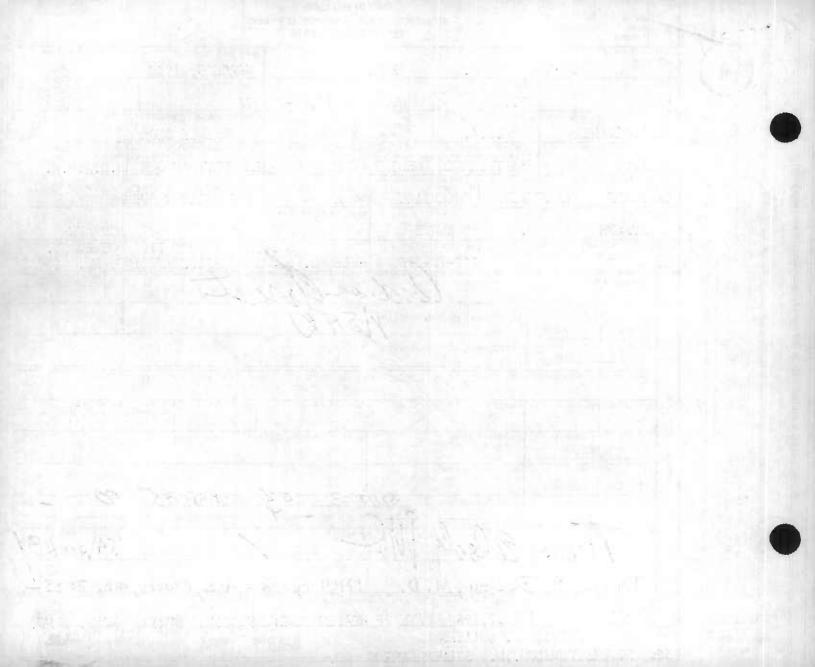


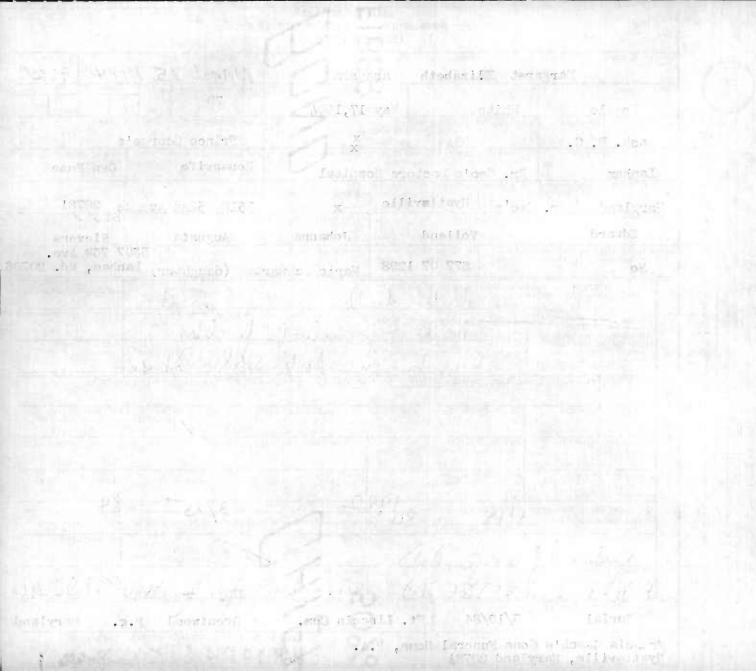
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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumotic event, th

IMPORIANT: If Hem 21 is morked on Hen 18 shows open

Nalley's F.H. Inc.

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FOR - STATE

STATE OF MARYLAND, DEPARTMENT OF HEALTH AND MENTAL HYGIE

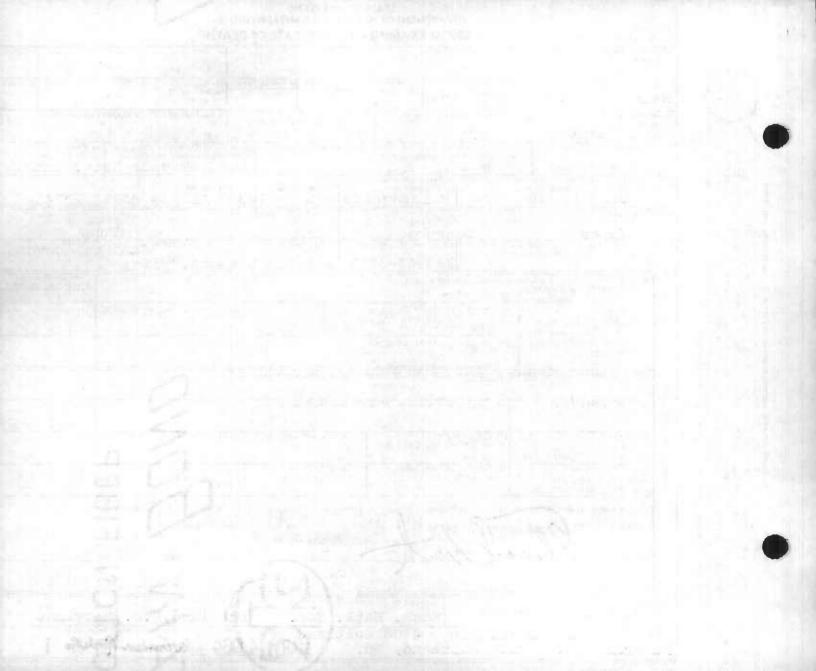
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3 SEX	4	RACE	S DATE (YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER	24 HRS
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Ta BIRTHPLACE (STAT	E OR FOREIGN 7	CITIZEN OF WHAT	COUNTRY? 8	D NEVER A	MARRIED	BALTIMORE CITY C	R COUNT	Y OF DEATH		
Wash.,		U.S.A.	WIDOWI		VORCED		Pr.	Geo.		MD.
10 CITY OR TOWN O		(IF NOT IN SUCH FACILIT	AL, NURSING HOME (Y, GIVE STREET ADDRESS) 37th Aven		TITUTION	12a USUAL OCCUPATION OF COMMON TO THE TRANSPORT OF THE TR	F WORKING L	12b. KIND C INDUSTRY Lal Spe		SSOR
USUAL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION GIVE RES	SIDENCE BEFORE ADMISSION)	ue		rec. That	ISULI	(2078)		
Md.	Pr.	Geo. Hya	ttsville		NO 🗌	6019 -	37th	,	,	
14 FATHER'S NAME		DDLE	LAST		S MAIDEN NAM	MIDDLE		LAS	ST	
Feli:			ezzo		herine			rizzola		
16a WAS DECEASED (YES, NO OR UNKNOW		VAR OR DATES)	OCIAL SECURITY NO.	17 INFORMA	INT	ADDRI	805-	-Hardir	ng D	r.
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18 CAUSE OF	DEATH Enter only	one couse per line for	(a) (b), and ic.					BETWEEN	IMATE INTER ONSET AND	DEATH
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190 DATE OF O	PERATION	196 CONDITION F	OR WHICH OPERATIO	IN WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FINDIN		
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OR CONTRIBUTION	G CAUSE OF DEATH	HOUR A.M. M	ONTH DAY YEAR	ZIC HOW IN	IJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18,	, PART 1 OR PART 2)		
(IF EITHER, NOTIFY 21d. INJURY OC	CURRED	21e. PLACE OF INJI	URY FORY, OFFICE, FARM, ETC.)	211 LOCATIO	N	CITY OR TOV	VN	COUNTY	ST	TATE
AT WORK	AT WORK		1	1	24	Made	17	24		
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6. Pete	2 Pust	nkas		1140 \	s Joinum	St. NE.L	Jash	.OC.2	00	17
23a BURIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. NAME OF C			23d. LOCATION	2.19	COUNTY	STA	ATE
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24 FUNERAL DIRECTO	O.P.				- 250 DOTE	THECO ANDECISTRAD	256 PECSE	TPAP'S MICHAI	1105	

Mt. Rainier, Md.

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18		FOR STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 4. 9 / MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.								
W	REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT)			MIDD(E I			LAST 20. DATE KNOWN OF ESTI-			MONTH DAY YEAR 26. HC		2b. HOUR
S HOUSE	Male W		Donald ARACE White	5. DATE OF BIRTH MONTH DAY Feb 20	1 9 3 5	YEARS IF UN	EASUTE IDER 1 YR. IF UND HS DAYS HOURS	DER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH	/84 ₁₉	10:15
HADEN Z			ATE OR	76. CITIZEN OF WI	WHAT COUNTRY? 8. MARRI		RRIED NEVER MARRIED		9. BALTIMORE CITY	OR COUNTY	OF DEATH	A M
ORE, MD. 21201 CEETH. IF ANY DELAY IS CEES 1, 2, AND 3 TO THE F AM PM 3. RETAIN PAGE 5 I AND 2 SHOULD BE FILED I OF WITAL RECORDS 201 W	10. CI	West Virginia COTY OR TOWN OF DEATH MORNINGSIDE		USA 11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 4309 Allies Road		ad L		12a. USU	USUAL OCCUPATION (TYPE OF WORK TO FOR MOST OF WORKING LIFE) Lead Service Att		176 KIND OF BUSINESS OR INDUSTRY	
F AND 3 AND 3 SHOULD RECORD	13a S	Md.	13b. COUN P	TY	Ne residence before admis 13t. CITY OR TOWN Morning			□ 4308	B Allies	Road	2074	6
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND: TITH FORM PM. 3. RETA PAGES 1 AND 2 SHOULI IVISION OF VITAL RECOIL	Y	4. FATHER'S NAME FIRST James Leasure Elma Cup 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 168. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS.							рр			
TON ST., BALTIMORI 24 HOURS AFTER DE ITEM 18 GIVE PAGE LONG WITH FORM PERRMIT, PAGES 1 N PERRMIT, PAGES 1 N PAGES 1 N PAGES 1 N PAGES 1 N	(Y	Yes	(IF YES, GIVE	WAR OR DATES)	233-48-3 for (o), (b), and (c).)			Leas	sure, Wi	fe,	AS Abo	
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DIVISION OF VITAL RECORDS, THIS CRETIFICATE SHOULD BE EXECT E, WRITING THE WORD "PENDING" WARDED TO THE CHIEF MEDICAL. PAGE 3 SHOULD BE USED AS A BUR STATE DEPARTMENT OF HEALTH ANI , 21201 PRIOR TO BURLAL, CREMATIN	MEDICAL CERT	210. EXTERNA UNDERLYING CONTRIBUTIN 216 INJURY O WHILE AT WORK	OR CAUSE OF E	DEATH P.M. 21e. PLACE (MONTH DAY YE	21f. LO	OW INJURY OCCUP	RRED (ENTER P	NATURE OF INJURY IN ITEM	18 PART I OR PART	2)	STATE
TO MEDICAL EXAMINER: THE CERTIFICATE, VEXECUTE THE CERTIFICATE, VEAGE 4 SHOULD BE FORWART DIRECTOR: PARTER DEATH, WITH THE SIT, BARTHAND, 2		220 I certil death resulte ACTUAL SIGNATURE	y that I took	rol the remains des	Accident :	Suicide	y K , Inspec , Hamicide TITLE (SPECIFY) .p. Dep. Ch	Undete	ermined manner	and in my apir], DATE SIGNED	2/5/0	34
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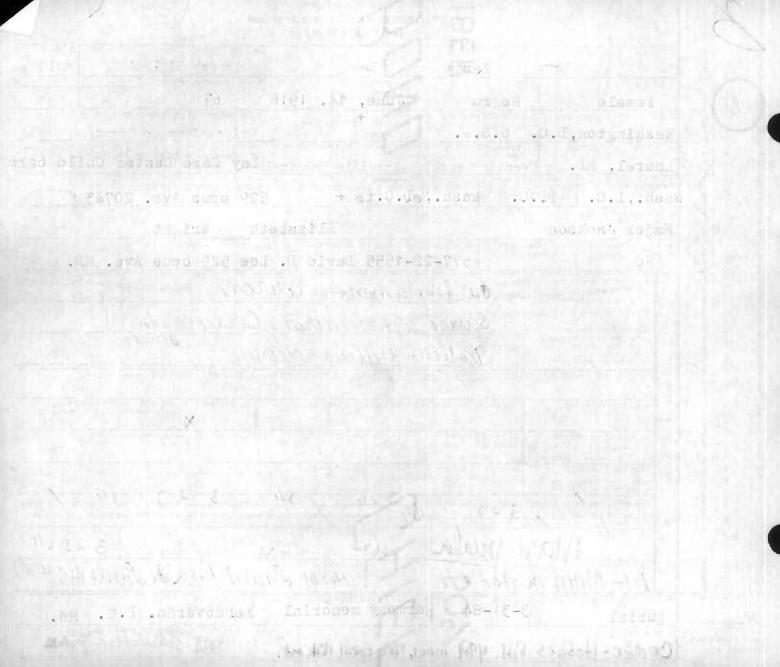
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT AT HYGIENE

CERTIFICATE OF DEATH

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FOR STATE REGISTRAR		DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	GIENE 3 8		
I DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
[TYPE OR PRINT)	OSCAR	C.	LEWIS	MAR	CH 25-1984	4.50PMM
A J SEX	4 RACE		5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRT		
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To. BIRTHPLACE (STATE OR FO		F WHAT COUNTRY?		9 BALTIMORE CITY O	R COUNTY OF DEATH	
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Maryland Maryland	136 COUNTY Lando	13c. CITY OR TOW	READMISSION) VN 134. INSIDE CITY LIMITS? S YES NO 1 15 MOTHER'S MAIDEN N	3823 641		184
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TYES, NO OR UNKNOWN)	[] IF YES, GIVE WAR OR DATES)	298 22	3262 Gloria	H. Lewis-w	ife-3823 6	4th Aven
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cause (a), statin underlying cause	ng the DUETO	OR AS A CONSEQU	ARDIL IN	MOIDAT		
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110 DATE OF OPERA	TION 196 CON	DITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE	OINGS USED
TE NON	32			YES NO	IN CERTIFYING CAUSE	NO NO
7 / 4 0000000000000000000000000000000000	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH D	DAY YEAR	IRRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
214 INJURY OCCUR	RED ZIO PLAC	E OF INJURY STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOV	VN COUNTY	STATE
22a certify that (I)	(this hospital) attended	> 2 1 19	1980, and that in (my) (our) opinion	n death occurred on the de	1980 ote and haur and from th	e, that (I) (we) last
27h SIGNATURE	did) (did not) view the bo	dy latter death	DEGREE		22t. DA1	TE SIGNED
i.	Listin	Line	ATTENDING PHYSICIAN	MEDICAL STAI		
224 PHYSICIAN S NA	S. VIN	AEL	220 AQDRESS	JATI 9201	Christ,	1788
230 BURIAL, CREMATION,	REMOVAL 23 DATE	23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
Burial	/ A Marc	h 29/ 10	84 - Greenlawn	CHI GRIGHT	Columbus	
24 FUNERAL DIRECTOR	104117	San		ATE REC'D. BY REGISTRAR	25h. REGISTRAR'S SIGN	ATURE
1/79 Stowart	Tuneral Ho	-	Benning Road, N	ADD 0 4004	0 . 3 .	44 1 4

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17	33		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED	Prince George		
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The district	35	USUA S	AL RESIDENCE (IF NURSING HOME O TATE 13 COU Maryland Cha	ROTHER INSTITUTION GIVE R		13d INSIDE CITY LIMITS? YES X NO	P.O. BOX 79 ST	2060	
ond 2 sh	90	4 FA	THER'S NAME Ralph	MIDDLE H	ili ^{AST}	15. MOTHER'S MAIDEN NA	ME MIDDLE	Reid	
Poges !	2		VAS DECEASED EVER IN U.S. AF	UF MAIN OR PARTE	3 56 4393	17 INFORMANT Clarence H.	ADDRESS Little, Jr. S	Same as #	
been signed by the attend mit. Then please remove co prior to byrial, cremation, s	S ony might be offered and	CERTIFICATION	Conditions, it ony, which gave rise to immediate cause iol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR AS A	A CONSEQUENCE OF SEMAN LOS BUTTING TO DEATH BUT		INAL DISEASE OR CONDITION		IGS USED
per per	2	CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	URY MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE)		
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hos t per	7	MEDICAL	21d. INJURY OCCURRED	(AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC.) eased from	, 19 John Marin (my) (our) opinion DEGREE ATTENDING PHYSICIAN (1997)	death occurred on the date and DIRECTOR PHYSICIAN	havi and from the 22c. DATE Marc	that (1) (we)

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6 6	1 -	#5,6,7a,FilmG5 FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE BREG. NO.	5 0 2
0		CEASED NAME FIRST DO ROTH	MIDDLE H.	Lo	Loughrey Uahley OF BIRTH	20. DATE OF DEATH MON MARCH 6. AGE (IN YEARS LAST BIRTHDA	21 1984 11:45%
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s ofter by the lied with	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	OROTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) 176. KIND OF BUSINESS OR INDUSTRY PERVISOR—U S. GOV
filled in ould be in mortibe		AL RESIDENCE (# NURSING HOME COL STATE 136. COL Md. Pr	OR OTHER INSTITUTION, GIVE RESID UNITY 13c. CITY	ence BEFORE ADMISSION) OR TOWN densburg	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII	
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n ond co		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOC GIVE WAR OR DATES) 579	-03-7456	17. INFORMANT	diner- abov	e address
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours cottending physician. When this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove cotban papers, Pages 1 and 2 should be filled in the and Mental Hygiene prior to burial, cremation, or removal.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		o), (b), and (c).)	IRATORY	WEREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death ce cottending nave carb notion, or r fraumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A C	CONSEQUENCE OF	brefer	NIVERSE	wys
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The low incion. The low incion. The hos been sin permit. Shows ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATION	ON WAS PERFORMED		IS IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES NO NO
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TENDING or of TOR: After Vor use os 1 of Health of 1 is mark		220 I certify that (I) (this has	pitol) ottended the deceos		=16 , 19.83 and that in (my) (our) opinion	deoth occurred on the date	and hour and from the couses stated
AL OR A. the hosp AL DIRECT Tetoched Tetoched Tetoched Tetoched		17k S GNATURE	O Some	h	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be deta with the Siote IMPORTANT: I		224 PHYSICIAN'S NAME ITTH	WA.	NO	A ADDRESS	HARM- SENE	
BP	23a. I	BURIAL, CREMATION, REMOVA	3/26/198		Hill Com.	Suitland	Pr. Geo. Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTON a 116	y's F.H.	ADDRESS Mt.Rs		18 1984 Julie A	REGISTRAR'S SIGNATURE

Section . Prince in the department of the BROLL REPORT ROLL FOR THE BROWN OF THE BR Butalling A. Bichill - december aved - continue . Lector address address 785-2-1 - 1-47-12 2222 0240 - 125 SALES TO THE TOTAL PROPERTY OF THE PROPERTY OF Jensey Jan Jan Jan Jan AND SEAR SHOULD STATE TO THE - 19-2 - 19-2 - 12-3 - 12-11 - 12-11 - 12-11 - 12-11 - 12-11 - 12-11 - 12-11 - 12-11 - 12-11 - 12-11 - 12-11 -Profession and the second Might have seen to be an in but Milliand Mills. He will be a .bd .col.gs breigine .no Lill range Left \. TANKS OF THE PROPERTY WAS SERVED BY A STATE OF THE PARTY OF THE PARTY

George B. Kalas Funeral Home Oxon Hill. Md.

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STATE OF MARYLAND

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ovol.		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only	one couse per	line for (o), (b	o), ond (c).)			-1 -1	- 4	BETWEEN C	MATE INTERVAL
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ows ony i	CERTIFICATION	19a DATE OF OPERATI	ION	19b. CONDI	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES, IN CERTIFY! YES	WERE FINDIN ING CAUSES	OF DEATH?
Hyg sh	CER	21g. ACCIDENT WAS UNDE		216, TIME O	FINJURY M. MONTH	DAY YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T 1 OR PART 2)	
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d M	MEDICAL	21d. INJURY OCCURRE		21e. PLACE (FFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
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of 1,	- 1	sow the deceased above, (I) (we) (di	d ofive on_ id) (did nat)	view the body	after death.	0	id that in (my) (our) op	oinion deat	h occurred on the do	ote and hour o		
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% } ≧		BURIAL, CREMATION, R	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATO	ORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
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50M 4/B2	24. FI	UNERAL DIRECTOR F	RANCIS	S J. CO	LLINS	RESS		a. DATE RE	C'D. BY REGISTRAR	000		JRE
A 15, 4)		500 UNIV					D 20901	MAR	5 1984	guna De	widson.	pendelle

500 UNIV. BLVD., W., SILVER SPRING, MD 20901

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Reserved Assessment	
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A THE PARTY OF THE Commany fresh whise There was a world Colon from the first of the FI A T I TO THE A SECOND 14. A Walland 11. 10 - 3 14 879 Hassin A Holowitt B. Scot Landone Ed. Comb 11 MB Proposition of the Carlotte Street, and the Carlotte

4339 HUNT PLACE, N.E.

WASHINGTON, D.C. 20019

FOR - STATE

REGISTRAR

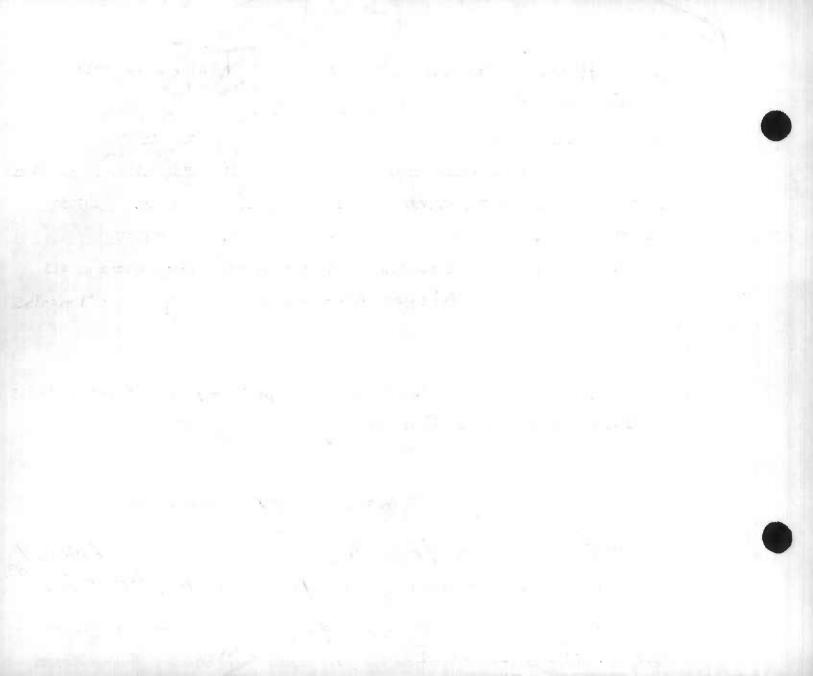
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH YEAR 2h HOUR 3 84 11:20 RM A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 66 9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE COUNTY 126. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Private Family Domestic 13e STREET ADDRESS / ZIP CODE 6110 Leapley Rd 20772 R. Hawkins ADDRESS Willow Way Ct. Clinton, Maryland 20735 206 IF YES. WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [7] NO [NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (even apinion death accurred on the date and have and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN Upper Marlboro Prince Geo MD BY REGISTRAR 256 REGISTRAR'S SIGNATURE Ja Davidson Randell

DHMH - 16 50M 4/83 (VRA 15, 4)

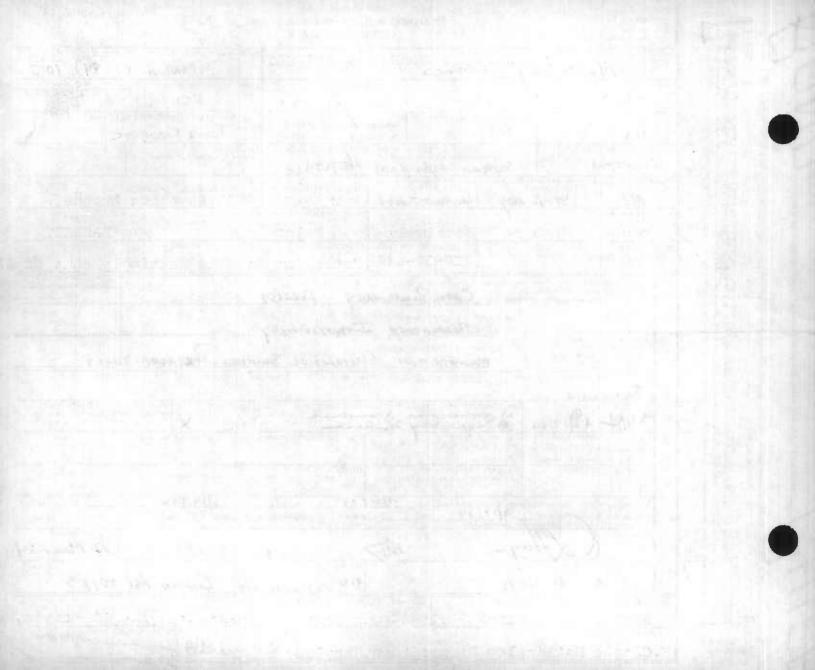
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ROLLING FUNERAL HOME, BNC.
4339 HUNT PLACE, N.E.
WASHINGTON, D.C. 20019

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م ج	2 ho			RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF	DEATH	
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offer	d wit				(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	OK OTHER INSTITUTION	TYPE OF WORK FOR MOST OF W	ORKING LIFE) IN	NDUSTRY	
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hro 2	Short C	2		RYLAND PRIN	ICE GEORGE CLINTO	IN	YES NO []	5708 Spruce	Dr.	207	35
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Phys	ofica -trar	1		OR CONTRIBUTING CAUSE OF DE	THE PROPERTY OF	AY YEAR	21c HOW INJURY OCCURR	CED (ENTER NATURE OF INJURY IN	TITEM 18 PART I	OR PART 7)	
YSIC	Scen	BY	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
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DHMH -	16 50M 4/		24 FL	INERAL DIRECTOR LEE I	FUNERAL HOME 663	01d	Alexander 250 DATI	E REC'D. BY REGISTRAR 256	REGISTRAR	SSIGNATU)RE
(VR	A 15, 4)		Fe	rry Rd. Clinton	Maryland 20735	5	MA	R 20 1000	0. K.	1 7	



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	11.	FOR STATE		DEPARTA	MENT OF H	EALTH AND MENTAL HYG	HENE U O J U	U	
1		REGISTRAR			CERTIF	CATE OF DEATH	REG. NO.		
(8)		CEASED NAME FIRST	ARLES	HABREND	ANT	MATTINGLY	20 DATE OF DEATH MONTH		26 HOUR
()		MATTINGI	29330	HARLES		15	MARCH	17 84	10 PM
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a por		RTHPLACE (STATE OR EOREIGN		WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNT		
to est		Ma	45A	1	WIDOWE		PRINCE GEOR	GE	MD.
	10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME O	ROTHER INSTITUTION	12a USUAL OCCUPATION		BUSINESS OR
s of	1	LINTON /	SOUTER	IN MAR	MALY	HOSPITAL	(The or House of the or House	,	
Per Per	USU 13a	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	1136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COU	F of	3650
evid ould			MARY	LEONARD ?		YES NO	409 Lawrence		ie
The state of the s	14. E.	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST	
p jdw o	1.	James Magu	ire	Matting	ly	Helen	MIDDLE	BARR	ETT
d col		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS		
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olicio pers.	F	18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), an	d (c).)			APPROXIM BETWEEN OF	NATE INTERVAL
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R ATTEN hospital RECTOR ned for u		now the deceased blive on above, (i) (wy) joid) that no	3/17/		, or	nd that in (my) (our) opinion	death occurred on the date and ha	our and from the co	auses stated
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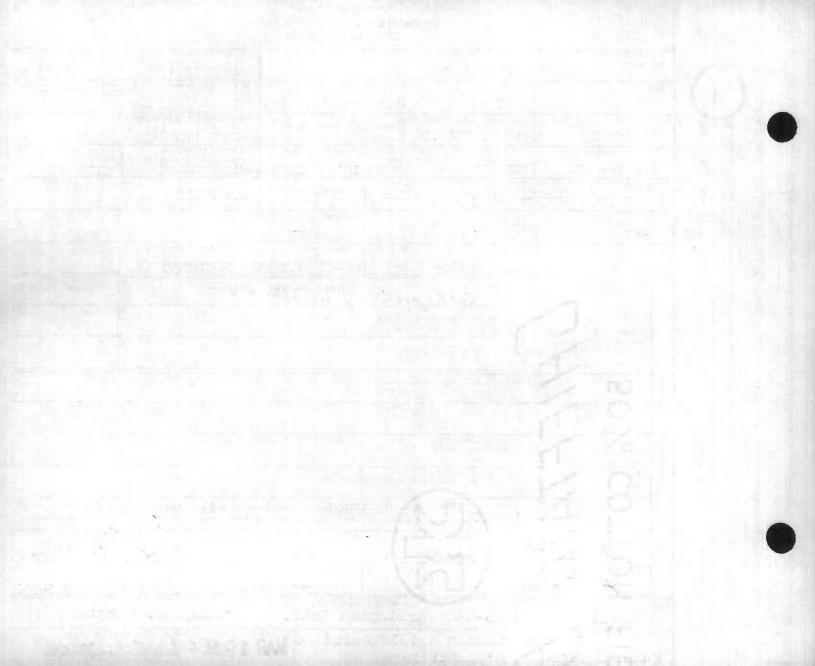
Rd. Suitland, Md

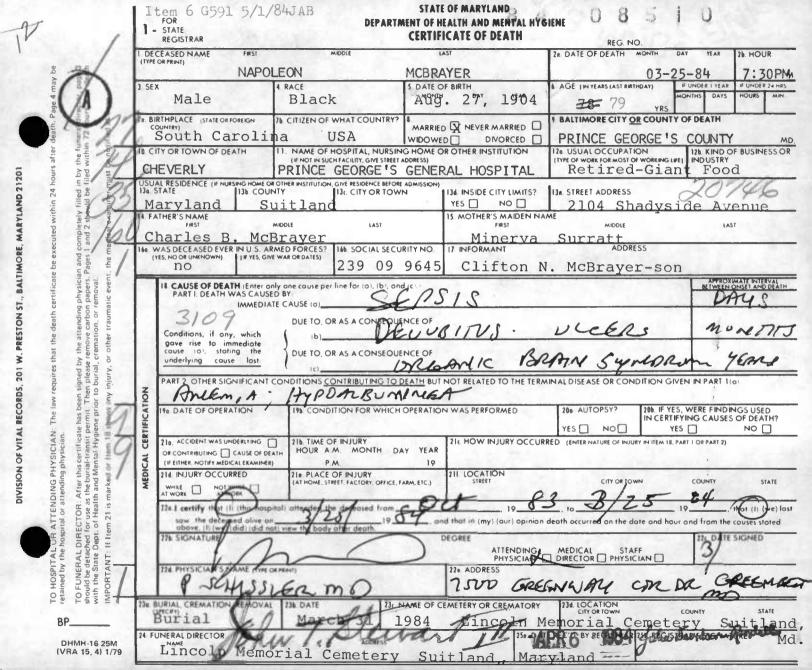
FOR

(VRA 15, 4)

Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE





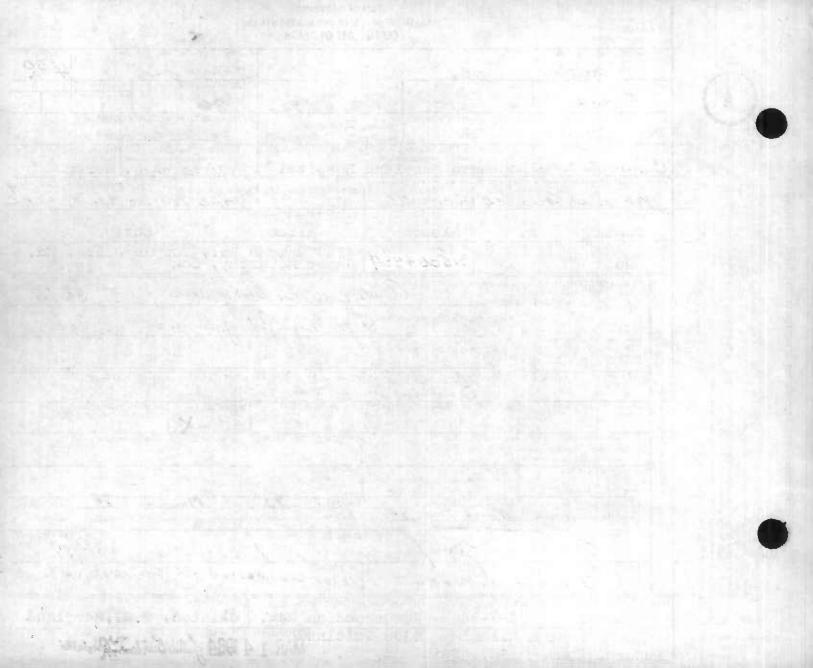
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STATE OF MARYLAND

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5	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. NO.	1 3		
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(; 1;)	3. SEX	Male	1. RACE	ite	S. DATE C	OAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR MONTHS OAYS		
oth. Post		THPLACE (STATE OR FOREIGN UNITRY) South Caro		OF WHAT COUNTRY?	2	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		rges	MC	
af d a series	10 CI	Y OR TOWN OF DEATH Laurel	Great	SUCHFACILITY GIVESTREET LAUREL	ADDRESS)	or other institution ville Hespit	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Farmer	RKING LIFE) INDUSTR	NEW TOP BUSINESS OR IDUSTRY FARM	
24 hours	USU/ 13a. S	L RESIDENCE (IF NURSING HOME TATE 13b CC	OR OTHER INSTITUT	13c. CITY OR JOY Laurel	RE AOMISSION) VN	130 INSIDECITY LIMITS?	13 STREET ADDRESS Montros	e Avenue	2070	
d within	H FA	THER'S NAME John N.	MIDDLE MCI	Elrath LAST		15. MOTHER'S MAIDEN N Betty	WIOOFE	ush	LAST	
e executed , and camp!	16a: V (Y	YAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	ARMED FORCE GIVE WAR OR DATES	225 10		17. INFORMANT Peggy Harvi	e same as abov	e		
ST., BALILI g physiciar can papers. remayal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause ISED BY: IATE CAUSE (0)	per line for (a), (b), a	und (c).)	Arrest	^	BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours cattending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Page and 3 model be file than and Mentol Hygiene prior to buriol, cremotion, or removal. and Aneniol Hygiene prior to buriol, cremotion, ar removal.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO	O, OR AS A CONSEQUENCE OF	ENCE OF	al infas	tin	12	- MV¢	
requires trequires trequires tres signed treatments to buriour transfer injury, or	NOI	PART 2. OTHER SIGNIFICAN	homo	· lung	dus	red	RMINAL DISEASE OR CONDITK	ON GIVEN IN PART		
TAL RECOR	CERTIFICATION	190. DATE OF OPERATION		NDITION FOR WHICH	H OPERATIO		YES NO	CERTIFYING CAUS	NO [
ON OF VITA HYSICIAN: The ding physicic is certificate buriol-transit men 18 stem men 18 stem from 18 stem	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR	AE OF INJURY A.M. MONTH D P.M.	AY YEAR		URRED (ENTER NATURE OF INJURY IN I	TEM 18, PART T OR PART 2		
DIVISION O DING PHYSICI or after this cert e as the buriol oith and wired marked or then	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY E, STREET, FACTORY, OFFICE,	, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
ATTENDIN spital or CTOR: Af for use of Healt		220 I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did)	on VI	mrc- 1 10	94.		on death occurred on the date o			
rat OR A the hoo y the hoo sat DIRE detached oute Dept.		22b. SIGNATURE		30	_	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_ 3/	7 SIGNIED Y	
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PB CRIE	23a.	BURIAL, CREMATION, REMOVE BURIAL				TEMETERY OR CREMATOR	CITY OR TOWN	g, S. Car	state	

BP. DHMH - 16 25M

(VR A 15 (4)) 9/74

24 FUNERAL DIRECTOR NAME Donaldson Funeral Home, Laurel, Md

March 11,1984 Greenlawn Cemetery Spartanburg, S. Carolina

136. DATE REC'D. BY REGISTRAN CHARLES

Ineral Homepores, aurel. Md

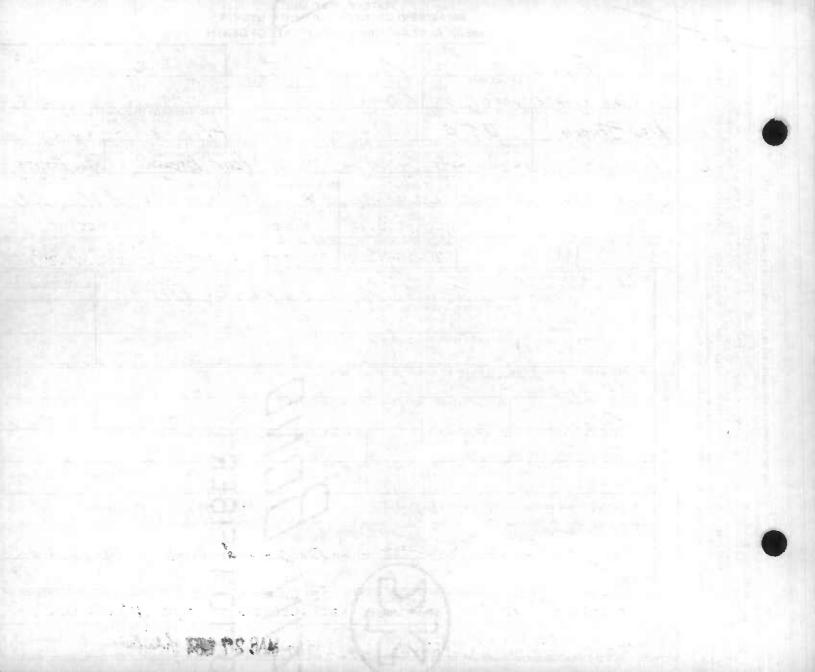
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PLEASE CTOP CTOP PERIS 2100 PR	3 SEX		RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR: LAST BIRTHDAY)		DER 1 YR. IF UN	DER 24 HRS.	2c. DATE PRONOUNCE DEAD	FD MC	3 24 ONTH DA 3 24	AY YEAR	3: 46r
	Mal 7a BIR FOR	THPLACE (STA	Black	8/26/42 76 CITIZEN OF WH USA			MARRI	ED NEVER MA	DECED T	9 BALTIMO	RE CITY OR C	OUNTY O	FDEATH	M
DELAY IS N 3 TO THE FI W PAGE RDS, 201 W	C	heverl	у	11 NAME OF HOSE (IF NOT IN SUCH FACE Prince Ge	eorge	s Gene	ral		FOR	UAL OCCUPA MOST OF WORKIN Iantai	nce	AN LA	KIND OF BU OR INDUSTI None	RY
	Mai	yland	136 COUN	or other institution, giv TY	13c. CITY	or town ryland)	136. INSIDE CITY LIMIT			va Av	e P.	G Cov	inty
BALTIMORE, MD. 2120 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND ITH FORM PM 3. RETA PAGES 1 AND 2 SHOUL IVISION DE VITAL RECO	Da		ackson	MIDDLE		LAST	10	Floss	ie Bo	ard			LAST	
BALTIMA S AFTER GIVE PA ITH FOR PAGES I	16a W	NO, OR UNKNOW		WAR OR DATES)	24		586	Angel	136 5 a Ela	3 St. in MC	Leod	ashi: Wif		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., SCERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD" PENDING" IN PENCIL IN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WEST SAMOULD BE USED AS A BURIAL. TRANSIT PERMIT. DEPRARMENT OF HEALTH AND MENTAL HYGIENE, DO I PRIOR TO BE REMATION, OR REMOVAL.		Conditions gove rise cause (a) s lying cause	if ony, which to immediate toting the under-	(b) DUE TO, OR A	erte	nsive ISEQUENCE OF		liovascul		sease		8	approximati between onse	AND DEATH
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DIVIS THIS CER WARDED PAGE 3 S TATE DE	MED	WHILE	NOT WHILE C	STREET, FACTO				TATION		CITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "F PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DISTRECTOR; PAGE 3 SHOULD BE USER AFTER DEATH, WITH THE STATE DEPARTMENT OF H BALLIMORE, MARYLAND, 21201 PRORTO BENEAL		220 I certify death resulted ACTUAL SIGNATURE EXAMINER'S INTYPE OF PRIN	liquist	1. Jon	Accident	Suice	M.	Homicide TITLE (SPECIFY Deputy	Undet	ermined moni	ner 🔲,	SIGNED_	3/25/	
BP DHMH - 17 (VR A15 ME (5)) 20M 4/82	Bi 74 FII	rial	on,removal 2 or S Fun I	Mar/30, Iome Pric	184.		ny	Cemeter		PANDON PRIOWN ANDOY POOT	or Ma June Day	COUNTY TY 3 ARY SIGN ACCOMP	_	TATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT'AL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN HINOM (TYPE OR PRINT) OF ESTI-DATE OF BIRTH & AGE (IN YEARS IE UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED MARRIED NEVER MARRIED WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND/OF BUSINESS OCCUPATION LTYPE OF WORK BROKER KIAL ESTATE 20707 136 COUNTY 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Fred Anna Perrine Meckel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 014 4th St. 166 SOCIAL SECURITY NO YES, NO, OR UNKNOWN) 720-10-7250 Barbara J. Meckel Laurel, Md. 20707 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BUR YES 🔲 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. III. LOCATION PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion death resulted from: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore Wash. Crematory Laurel, P.G. Co. Md. 3/27/84 Cremation BP 24 FUNERAL DIRECTOR FUNERAL HOMEODRESSINC. **DHMH - 17** (VR A15 ME (5)) Sandy Spring Rd. Laurel 20M 4/82



una Davidson Mandalle.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

Hyattsville, Maryland

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3. SE	Carl Inc.	RACE hite	S. DATE OF BIRTH	YEAR	6. AGE (IN YEAR: LAST BIRTHDAY) 51 YRS	IF UND		HOURS I		2c. DATE PRONOUNG DEAD	CED	монтн	28	19 84	10:42 a M
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1/	Camp Spri	ings 🥒	II. NAME OF HO (IF NOT IN SUCH F Andrews	ACRITY, GIVE S	Force Ba	se_H		TION	12a USU FOR M	ACST OF WORK ck Dr	ATION (TYI ING LIFE)		01	ND OF BURNDUSTE	SINESS RY
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CERTIFICATION	19a. DATE OF O	PERATION	196 COND	ITION FOR	WHICH OPERA	TION WA	S PERFOR	MED?		1111			13	AUTOPSY?	NO 🗆
MEDICAL CERT		OR CAUSE OF	DEATH P./	M. MONTH M.	19			OCCURRE	D (ENTERN	NATURE OF INJU	JRY IN ITEM 18	PART T OR F	PART 2]		
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	Burial, CREMATIC (SPEC FY) Burial		236 DATE Mar. 31,	1.	Lake Vi		em. F	ark	Sy	CATION OR TOWN kesvi				Md.	ATE
24	FUNERAL DIRECTO	200	A Owings					250. DATE I	REC'D. BY	REGISTRA	2 175h RFG	ISTRAR'S	SIGNAT	TURE	

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MPORTANT: If them 21 is marked at "He 18 states any injury, or other traumatic event, the

TO FUNERAL DIRECTOR.

STATE OF MARYLAND

DECEASED NAME (TYPE OR PRINT) . SEX Male	ALBE		LA	AST	20. DATE OF DEAT	H MONTH D	AY YEAR	26 HOUR
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BIRTHPLACE (S	ATE OR FOREIGN	& CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	
Pennsy1	vania	U.S.A.	WIDOWE		PRINCE GE	ORGES C	OUNTY	M
CITY OR TOWN	OF DEATH	11. NAME OF HOSPITAL, NURS IN			12a. USUAL OCCUP			F BUSINESS O
CHEVERL		PRINCE GEORGES		RAL HOSP.	Mechani			Repairs
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STIFIC		198 CONDITION FOR WHICH	OPERATIO		YES NO	IN CERTIF	YING CAUSES	
OR CONTRIBUTE	WAS UNDERLYING		YEAR	21t HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)	
(IF EITHER, NO 21d INJURY C	NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE F	ARM, ETC.)	21F LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
sow the abave, (I	deceased plive an (we) (did) (did not	al) attended the deceased from 19		ad that in (my) (aur) apinian	death accurred an th	ne date and hour		
	and	A Oune			DIRECTOR PH	STAFF YSICIAN []	3 / /	SIGNED 1/84
771 SIGNATI		(PRINT)		22e. ADDRESS 760	3 Georgia	Avenue.	N. W.	
224 PHYSICA	NE NAME (I'M O							
224 PHYSICA	ph A. Qua	ish, M. D.		Washington EMETERY OR CREMATORY				

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4339 HUNT PLACE N.E.

WASHINGTON, D.C. 20019

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2g. DATE OF DEATH 26. HOUR 10, 1984 March 9:58p M IF UNDER ! YEAR IF UNDER 24 HRS & AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Prince George's 12c. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Domestic 4308 N. Addison Road 20743 MIDDLE Carter Alice Avenue #2 Hill, Maryland 20745 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) apinian death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 3-12-84 14300 Gallant Fox Lane, Bowie, Md. 20715 23d LOCATION Landover Prince George's MD

Davidson-Randelle

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR

(VRA 15, 4)

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	REGISTRAR CEASED NAME PE OR PRINT)	FIRST		MIDOLE MIDOLE		LAST	Za. DATE KN	REG. NO.	OAY YEAR 26. HOU
		Joyce		Ann		Morgan	OF I	0/20	0/8419
3. SE			DATE OF BIRTH	1954 6. AGE (IN LAST BIRT)	YEARS IF UI HDAY) MONT		MIN PRONOUNCE DEAD		A 10 P
70 B	IRTHPLACE (STATE OR		Th. CITIZEN OF V	WHAT COUNTRY?	10	RIED NEVER MARR	9. BALTIMOI	RE CITY OR COUNT	9 1 17
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1	rentwood	ATH		OSPITAL, NURSING HO. FACILITY, GIVE STREET ADDRES 41st. St.		HER INSTITUTION	for most of working Un employ	IG LIFE)	OR INDUSTRY Non e
	AL RESIDENCE (IF IN NE	ME OR		GIVE RESIDENCE BEFORE ADMI 13c. CITY OR TOWN Brentwo	1	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 3905 Rh	ode Isla	and Ave.
	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAID			LAST
	Charlie			Morgan		Ruth		Loop	
160	WAS DECEASED EVER YES, NO. OR UNKNOWN) NO	(IF YES, GIVE W	AR OR OATES)	Unknown		Rosa Mon	rgan-Same	as # 13	above
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MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY (AT HOME.		CATION			
X	WHILE NOT	WHILE	STREET, FA	home	450	55 41st St.	Brentwood	, Pr. Geo.	Md. STATE
			of the remains of	escribed above, held an		osy X. Inspectio		7	
					Suicide X			, and in my api	nion
	death resulted from	n: Notural	causes .	Accident,	Suicide 6		Undetermined mann	ier,	
	ACTUAL	19/1	1		100	TITLE (SPECIFY)		DATE	3/30/84
	SIGNATURE	1	N		^	A.D.ASSISTANT	MEDICAL EXAMIN	IER SIGNED	0/30/04
	EXAMINER'S NAME (TYPE OR PRINT)	Greg	ory R. H	Kauffman, M			Penn St.,	Balto., Mo	d. 2101
				231 NAME OF C	C. LETERY C	OR CREMATORY	1224 LOCATION		
230	SURIAL EREMATION,		DATE /od			1 0	23d LOCATION	COUNT	TY STATE
	Marie Control		1/4/84			IEM. PAKK	HIGHLAND		HD.
24 1	FUNERAL DIRECTOR	4	1/4/84 ACORE	HARMO	MY A	LEM. PAKK	HIGHLAND	PARK P.G.	HD.
24 1	FUNERAL DIRECTOR	4	1/4/84 ACORE		MY A	LEM. PAKK	HIGHLAND		HD.

Pensle Bluck Cot. 3,1954 29 .A.2.U .O.

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FOR = STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR	VCB		10-00-1			REG. N			
	CEASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
1]	Philip	Emil	MORTENS	SON		March 29,	1984		5:30p.
1 SE	Х	1	RACE	A THE PARTY OF THE	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HE
	Male	-84	White		May	13, 1938 YEAR	45		ONTHS DAYS	HOURS MI
7e B1	IRTHPLACE (STATE OR F	OREIGN I		WHAT COUNTRY?	8		9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	COUNTRY]		II C			NEVER MARRIED	Prince			
	ITY OR TOWN OF DEA	TH	U.S.		WIDOWE	DROTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS (
	nham					Pr. Geo. Co.	TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	
10	AL RESIDENCE (IF NURS					11. Geo. Co.	Test Spec	lalist	Pepc	D
13a S	STATE	136 COUN	TY	13c CITY OR TOW	VN_	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
	aryland	P.G	•	Beltsvi	116	YES 🔼 NO 🗌	4601 Lin	coln A	ve. 20'	705
14. F/	ATHER'S NAME FIRST	N	NIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAS	ST
	G.	Ph	ilip	Mortenso	n	Edna			Beal	es
	WAS DECEASED EVER			166 SOCIAL SECT	JRITY NO.	17. INFORMANT	ADDR	ESS Add	ress S	ame as
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	092-30-	1077	Mrs. I. Pear	1 Mortenso	n No	# 13e.	
	18 CAUSE OF DEAT	1 (Enter pol	v nne cnike nei	line for (n) (h) nr	nd (c) 1				APPROX	IMATE INTERVAL ONSET AND DEA
	PART I. DE ATH W	AS CAUSED	BY: CAUSE (o)	Carcin		Shomash him	- NO F 6	,	1	monts
RTIFICATION	cause (a), statin underlying cause PART 2. OTHER SIGN	lost.	(c)_	R AS A CONSEOU		NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	EN IN PART II	o
3	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDI	
Ē	rocc 8	3		Carcin	roma Sl	much (Laprotomy	YES NO NO		ING CAUSES	NO T
U	21g. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT		DEINJURY .M. MONTH D .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART T OR PART 2)	f part
MEDICAL	214 INJURY OCCURE			OF INJURY	17	211 LOCATION	CONT.			
W	WHILE NOT WH	IIE .	(AT HOME, ST	REET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO	WN.	COUNTY	STATE
	22a.1 certify that (I)		ol) ottended th	e deceased from_		. 19.8/	, to	3/29/	1984	that (I) (Ne)
	sow the decease above, (1) (we) (c	d olive on	Lucan the head	3/28/98	4 , ar	nd that in (my) (our) opinion	death occurred on the d	ate and hour	and from the	couses stated
	22b. SIGNATURE	iu) (triu-aot	A view the body	arrer death.	-	DEGREE			22c. DATE	SIGNED
		0	40Dr	wani		Mh ATTENDING PHYSICIAN S	MEDICAL STA		31	29184
	22d. PHYSICIAN'S NA	ME (TYPE OR	PRINTS		The I	22e. ADDRESS				-11-1
	A2+		Hus.	SAIN		14917, Edge	ewood Ros	2 C/	mor p	evec. 17
	BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d LOCATION City or town		COUNTY	STATE
	Buria	.1	4/2/8	4 E	lbon (Cemetery	Elimore	U	pshire	W.Va

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR:

O HOSPITAL OR ATTENDING PHYSICIAN: The low

F. Gasch's Sons F.H. P.A. Hyarts. Md. 20781

APR 0 2 100% Julie Davidson-Randell

noted to 17 inch tool y office to Line Cyses diole tracela tro. 2006 no Fish morne and office of the angular from . T. or in the contract of the state . MV. T. October Trotte . 2 roll [2] E. Ganch a four C. H. P. A. Bratis. 11d. 20781

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH 2h HOUR MIDDLE Harrison TYPE OR PRINTS 9:08A GUY MYERS 4 RACE IF UNDER 24 HRS 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH 9-13-1902 Male Caucasian . BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY PRINCE GEORGES COUNTY, Virginia USA WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 120 USUAL OCCUPATION OUTHERN MARYLAND TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOSPITAL CLINTON St. Hwy. Engineer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 124 COUNTY 136. CITY OR TOWN 22844 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Shenandoah New Market 211 or P.O. Box 565 Virginia YES | NO X Hwv 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles Minnie Mvers Duncan WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BALTIMORE, LIF YES, GIVE WAR OR DATEST 220-36-984 Garnet M. Myers, Same as Line 13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a ST PRESTON DUE TO, OR AS A CONSEQUENCE OF MANMAN Canditions, if any, which gave rise to immediate cause (a), stating (he DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN HIP PART IN VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 200 AUT DE 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH **JC NOISIAIC** LIE EITHER NOTIFY MEDICAL EXAMINERS P.M. 19 21d INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a.1 certify that (I) this bounded the saw the deceased alive an and that in (my) apinion death occurred on the date and have and from the causes stated ed alive an DEGREE 22c DATE SIGNED MEDICAL ATTENDING , STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT NAME THE OFFICE 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY Burial 3-17-84 Waldorf. 24 FUNERAL DIRECTOR 1984 Julia Davidson Bonds DHMH - 16 50M 4/82 (VRA 15, 4) Huntt Funeral Home, Waldorf

1974 Camonsian 9-18-1902 51 5 inni-alu .voll .72 Teenings Value of the contract of th inginai Dhanandoan lew larket a lag 211, or 2.0. Box 56 Hyers (Wire) F. Dünden ----- 220-36-9645 Cappet H. Merr. Sans as Line 13 Buris 3-17-84 Trintty Mem. Cardens Haldouf, Charles, 'hi. : Walnut white All 31 MAN Buntt Juneral Hora, Malebra, Md.

4		FOR STATE				ATE OF MARYLAND FHEALTH AND MENT	() ()	08524	1	
NO.		REGISTRAR		MED	DICAL EXAMI	NER'S CERTIFICAT	TE OF DEAT	H REG. NO.		
		CEASED NAM	E FIRST		MIDDLE	LAST	20.		MONTH DAY YE	AR 2b. HOUR
	(TY)	E OR PRINT)		10	d	Marana		OF ESTI-	7/15	01.
32955	3. SEX	(4 RACE	5. DATE OF BIRTH	aymond	Myers YEARS IF UNDER 1 YR. IF U	and the second	DATE		84 M
Par II	3. 30,	`	TRACE	MONTH DAY	YEAR LAST BIRTH	DAY) MONTHS DAYS HOL		ONOUNCED		2:58
(を300名)		Male	Black	Dec 6,		YRS.		DEAD	3/15 19	84 A. M
1 別まで生まれ		RTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED X NEVER	MARRIED 7.	BALTIMORE CITY OR	COUNTY OF DEAT	H
DASE &	0.1	6. C.		USA			NORCED	Prince	Georges	440
SENEZ.		TY OR TOWN	OF DEATH		PITAL NURSING HO	AE, OR OTHER INSTITUTION		OCCUPATION (TYPE OF		F BUSINESS
A HE HE	P			I IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)	FOR MOS	T OF WORKING LIFE)	OR IND	USTRY
型25.2mg //		neverly				General Hospi	tal Rece	ving Clerk	Safe	way
20 20 3 20 20 20 20 20 20 20 20 20 20 20 20 20		AL RESIDENCE TATE	136 COUN		13c. CITY OR TOWN	13d. INSIDE CITY LIJ	MITS? 13e. STREET	ADDRESS	99	1999
AND SERVICE AND SE	0	D. C.			Washingt			5th Stree	+ NW	///
g the control	114 F/	ATHER'S NAM	E		1 Wabiting		MAIDEN NAME			
# 5589K/0		FIRST		MIDDLE	LAST	FIRST		WIDDLE	LAST	
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₩ ## ## ## ## ## ## ## ## ## ## ## ## ##	Z 100 (Y	ES, NO, OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)				ADDRE22		
BALTIN GIVE P GIVE P PIME SO PAGES VISION	/	les			251-36-20	91 Mrs.	Mary Myer	s/wife/sam	e as 13e	
2 4 3 4 0	9	18 CAUSE C	OF DEATH (Enter on	ly ane couse per line	for (o), (b), and (c).)					MATE INTERVAL
EDS, 201 W. PRESTONST. XECUTED WITHIN 24 HOUNG. NG" IN PENCIL IN ITEM 18 ALE XAMINER ALONG VENCE ALONG VENCE ALONG VENCE ALONG VENCE ALONG VENCE AT ION, OR REMOVAL.		PARTID	EATH WAS CAUSE	D BY:	ute myocar	dial disease			BEIWEEN	MASEL AND DEATH
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W. PREST WITHIN NCIL IN AINER AI TRANSIT		Conditio	ns, if ony, which							
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RECORDS, 201 D BE EXECUTE RENDING: IN MEDICAL EXA AS A BURIAL AND M CREMATION.	Z			None						
FAL RECORI COULD BE ED ID "FENDIN HEE ARDIC HEE ALTH.	CERTIFICATION	190. DATE OF	OPERATION		ION FOR WHICH OP	ERATION WAS PERFORMED)?		20 AUTO	PSY?
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EN HOUSE	₩ 5	Non	AL CAUSE WAS	21b. TIME OF	IN LILIDAY	Tat was a sure			YES	NO []
O HE HE SECTION OF THE SECTION OF TH		UNDERLYING			MONTH DAY YE.	AR	CURRED (ENTER NAT	URE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)	
S EFECTER	1 3	CONTRIBUTI	NG CAUSE OF	DEATH P.M.	19	None				
DIVISION OF VITAL RECORDS, 201 W. PRESTON STATEMENT OF WITHIN 24 HORITING THE WORLD BE EXECUTED WITHIN 24 HORITING THE WORLD "IN PENCIL IN ITEM 1 ROBO THE WEDICAL EXAMINER ALONG ES 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT OF PROPERTIES IN THE FALL HAND MENTAL HYGIENE, OF PROR TO BURIAL CREMATION, OR REMOVAL.	MEDICAL	21d INJURY	OCCURRED	21e. PLACE C	OF INJURY (AT HOME, DRY, FARM, ETC.)	211. LOCATION STREET		ITY OR TOWN		
DIN HIS C WRII WRII ARD AGE:	Z	WHILE AT WORK	NOT WHILE	3 STREET, FACTO	JRT, PARM, ETC.)	SIRCET		ITY OR TOWN	COUNTY	STATE
E, V			11							
N N N N N N N N N N N N N N N N N N N		22a I cert	ify that I took charg	ge of the remains desc	ribed above, held on	Autopsy In. Ins	pection LX	Inquiry L.,ond is	n my opinion	
YA HIGH		death result	red from: Notu	rol couses 💢.	Accident	Suicide, Homicide	Undeterm	ined monner,		
EXAM CERTI DIRE DIRE WARY			7	001		TITLE (SPECI	IFY)			
CALE THE OSHOU SHOU ATH, RE, M		ACTUAL SIGNATURE	6	200	(000	MD Depu	ty MEDICA	L EXAMINER	DATE SIGNED 3/1	6/84
SE SE SE	0				1	1	919 Semir		31011110	
MEDICAL CULE THE S.E. SHO FUNERAL PROFESSION	4	EXAMINER'S (TYPE OR PRI		hn S Roge	rs. M.D.			ing. Montg	omerv. Md	
DIVISION OF V TO MEDICAL EXAMINER; THIS CERTIFICATE S ENCH THE CERTIFICATE, WRITING THE WO PACE A SHOULD BE FORWARDED TO THE TO LIMITAL DIRECTOR; PAGE 3 SHOULD BE ATTER TEATH, WITH THE STATE DEPARTMEN BETTING WARYLAND, 21201 PR OR TO BE	27. 0	UDIAL CREAM	view processile			EMETERY OR CREMATORY	23d. LOCA		Amer 1 1 110	
F W W F 4 W	230.B	PECIFY)	- 1				CITY OR I	OWN	COUNTY	STATE
BP		Buri	ат	3-20, -84	Arling	ton National	Ft.	Myer,	Va.	
9999999HMH 17	24 F	UNERAL DIREC	LIOR	ADDRESS		25a. (DATE REC'D. BY RE		RAR'S SIGNATURE	
(VR A15 ME (5))			Rhines		12th St.	NEDC 20	AR 23 4	194 Ilia Ja	vidson-Rand	282
20M 4/82			· MILINGS.	2019 2012	TALL ST.	N.C. D. J.	**/- A-V-	-		

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(VRA 15, 4)

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4		STATE REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE	OF DEATH REG	3. NO.	
		EASED NAME FIRST	WIDDIE	LAST	20. DATE KNOW		2b. HOUR
2000年	(14h)	JOHN	н	OLIVER	OF ESTI- DEATH MATED	□3-7 1984	
A CHEST	3. SEX		DATE OF BIRTH	YEARS IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE	MONTH DAY YEA	
ON STATE	MA	1011	2 2 1928 50	YRS. HOURS	MIN. PRONOUNCED DEAD	3-7 1984	
THE REPORT OF THE PERSON OF TH	3	RIHPLACE (STATE OR REIGN COUNTRY) REIGN COUNTRY) REIGN COUNTRY)	DE SINGER OF WHAT COUNTRY	8. MARRIED NEVER MA	RRIED	GEORGES	MD.
		T PLEASANT	11. NAME OF HOSPITAL, NUMBING AC UF NOT IN SUCH FACILITY, GIVE STREET ADDRE 208 DAIMLER DRIV	DME, OR OTHER INSTITUTION SS) E	120. USUAL OCCUPATION	TYPE OF WORK 12b. KIND OF I	BUSINESS
ZOZI DE LE CONTROL DE LE CONTR		RESIDENCE OF HIM COUNTY	OTHER HISTORYTON, GIVE MISCHINE METORS ADA		DISTREET ADRESSO	1.02114	B
BALTIMORE, MD. 21201 S AFTER DEATH, IF AND GIVE PAGES 1, 2, AND ITH FORM PM 3, RETA PAGES PAND 26HOLLI PINISION OF RECORD	1	THER'S NAME JACKE	MEDIA TO Chis	LANGUERS MA	IDEN NAME MODILE	1 will	02
MORE, I	1	AS DECEASED EVER IN U.S. ARMI	ED FORCES? III, SOCIAL SECU	RITY NO. 12 INFORMANT	aca 11 ADDI	Layle	0
	-	yes hou	250 -3	38-3787 ma	ry Oleson I	18 Noin	KEU DZ
STON ST N 24 HOU N ITEM 18 ALONG V SIT PERMIT HYGENE, I		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUEN	R (STOMACH)	0	BETWEEN Chi	
S, 201 W. PRE CCUTED WITHI T. EXAMINER DIAL-TRAIN DION, OR REA		couse (a) stating the under lying couse lost.	DUE TO, OR AS A CONSEQUENT				
L RECORDS. UD BE EXECUDE "PENDING" PENDING" ED AS A BUIL HEALTH AN HEALTH AN AI, CREMATI	NOI		ATTRIBUTING TO GATA BUT NOT RELATED TO THE		PART 1 (a).		
SHOULD SRD "PE CHIEF A CRIME A	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20 AUTOPS	V
DIVISION OF VITAL REFER. THIS CERTIFICATE SHOULD ATE, WRITING THE WORD." PE CORWARDED TO THE CHIEF AND PAGE 3 SHOULD BE USED A HESTATE DEPARTMENT OF HEE STATE DEPARTMENT OF HEMOLO. 21201 PRICK TO BURRAL, CHO. 21201 PRICK TO BURRAL, CHO.		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		EAR	RRED LENTER HATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
=34425	MEDICAL	218 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOMI STREET, FACTORY, FARM, ETC.)	E. 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: THE ERECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STATEM DEATH WITH THE STATEM DEATH WORE, MARYLAND, 2		death resulted fram: Natural	of the remains described above, held a	Suicide , Hamicide TITLE (SPECIFY)	Undetermined manner	and in my opinion DATE	
AEDICA CUTE THE SE 4 SHC FUNERA TIMORE,		EXAMINER'S NAME (TYPE OR PRINT)	D. DODDICHTE	0	RAYBURN CT. CA	SIGNED 3-7-81 MP SPRINGS, MC	20,748
BAFTT PAGE	1300	RIAL, CREMATION, REMOVAL 23	DATE - 24 Ph	Charles of CHEMATORY	23d ALION	am COUNTY MC	1
DHMH - 17 (VR A15 ME (5))	24 FI	NERAL DIRECTOR BACCA	on ADDRS 3447.		R 1 2 1984	REGISTRAR'S SIGNATURE a Davidson-Randoll	2
20M 4/82				70100			

Merchant The State Hall and Dear to make the The Marie Carlo Comment of the Contract of the CASTRUM CARCER (STRAGE) SOUND PAY UND CIT. CAMP LIVE CS. TO TRIVE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital or attending physician

2	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HY	SIENE BEG. N	<i>L</i>	3			
15	1. DEC	CEASED NAME ORPRINT) JOA	NN MIF	RIAM OST	RANDER	- 1	AST	MARCH 27,	MONTH D	YEAR YEAR	26 HOUR 1244р м		
	3. SEX FEMALE					S. DATE OF BIRTH OCTOBER 5 1915		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS		
		RTHPLACE ISTATE OR I		UNTIED STATES I		8. MARRIEI WIDOWE	XNEVER MARRIED DO DIVORCED D	9. BALTIMORE CITY OR COUNTY OF PRINCE GEORGE'S			FDEATH MD.		
8				MATCOLM	'GROW'SUS	AF ME	ROTHER INSTITUTION DICAL CENTER	120. USUAL OCCUPATION 11 HOUSEWIF E POP WORKING LIFE) INDUS		12b. KIND OI	D OF BUSINESS OR		
3		AL RESIDENCE LIF NURS			SUITLAN		13d. INSIDE CITY LIMITS? YES X NO	4 104 OFFUI	DR	20746			
0	14. FA	PETER	A	ÁSARD	LAST		ROSE IRST	WIDDLE	HA ES	SIMON			
/		VAS DECEASED EVER			166. SOCIAL SECU 040–09–6		JOHN OSTRAN	DER 4104 OF					
		18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arest								BETWEEN C	MATE INTERVAL ONSET AND DEATH		
	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Due to, or as a consequence of POST-OP HEMMORHAGE (b) POST-OP HEMMORHAGE Due to, or as a consequence of Due to, or as a consequence of Due to, or as a consequence of Dic Dic. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO											
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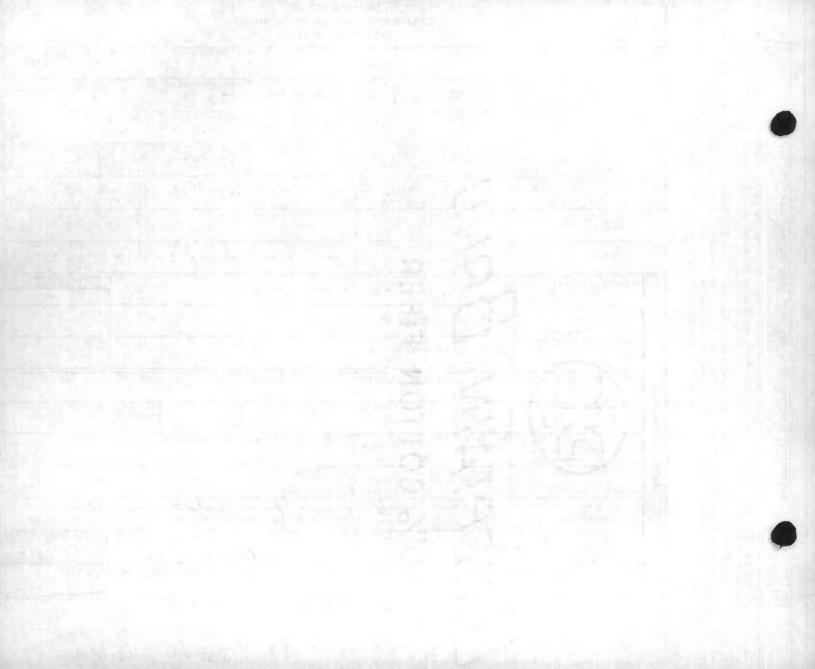
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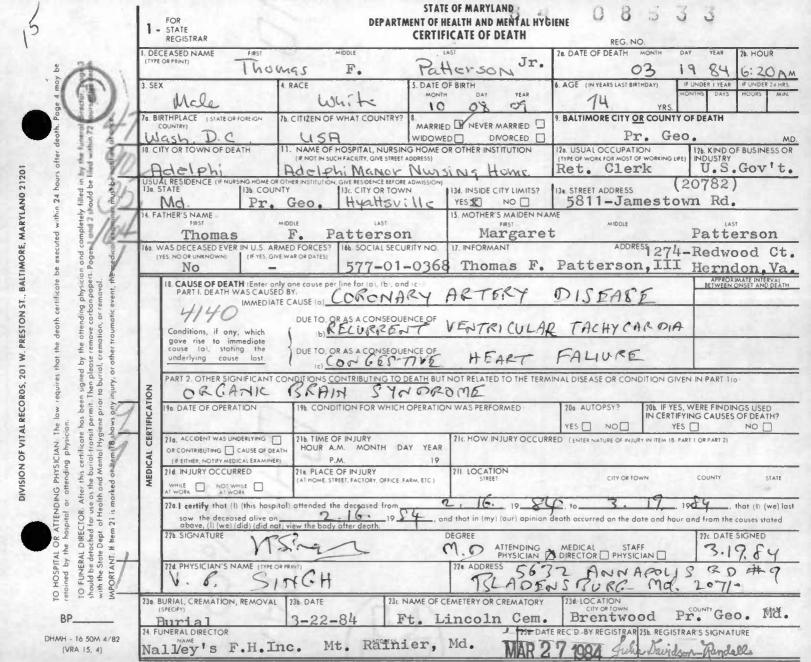
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL RYGIENE

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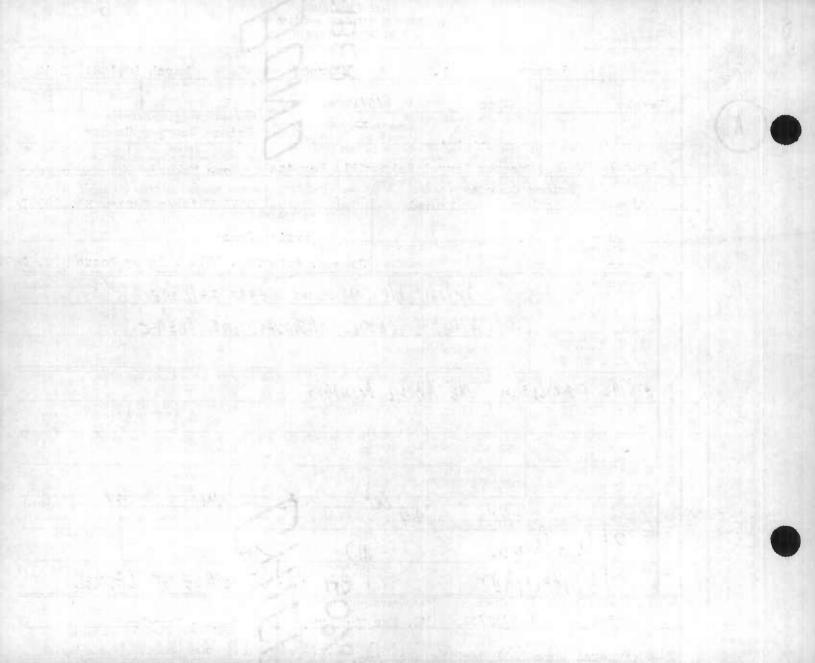
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWNY YEAR 2b. HOUR HTHOM (TYPE OR PRINT) ESTI-3-6 84 DEATH MATED 19 VIOLA DAY YEAR 5. DATE OF BIRTH A AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE LAST BIRTHDAY) DAY PRONOUNCED 7-21-86 FEAMALE Black 97 YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF MARRIED NEVER MARRIED MOREIGN COUNTRY) PRINCE GEORGES USA Ohio WIDOWED X DIVORCED 128. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION GEORGES GENERAL HOSPITAL Home Maker SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS 13d: INSIDE CITY LIMITS? 3a STATE 13c. CITY OR TOWN Capitol Hgts. YES X NO 0 6901 Fawn Crest P.G. Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDGLE LAST MIDOLE LAST FIRST William Patterson Hanna Proctor 7 INFORMANT ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR GATES! Zelta Carter-sister- 6901 Fawn Mrs. 30 0053 Capitol Hats 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, BIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RIGHT HIP FRACTURE WITH COMPLICATIONS DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? FORWARDED TO THE CHIEF OR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF H DIVISION OF VITAL 2-1-84 RIGHT FRACTURE HIP YES 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR MEDICAL CONTRIBUTING CAUSE OF DEATH 9:30 P.M. 1-29 1084 FELL HALLWAY 00 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTEN WITH THE STATE DE BAHTIMORE, MARYICAND, 27201 P STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY 27201 NOT WHILE AT WORK HOME **5901** FAWNCREST DR. CAPT. 220 I certily that I taak charge at the remains described above, held an Autopsy Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DEPUTY SIGNED 3-6-84 MEDICAL EXAMINER EXAMINER'S NA (TYPE OR PRINT) AUGUSTO ADDRESS 5009 RAYBURN 230 BURIAL, CREMATION, REMOVAL THE DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 20748 COUNTY Buria BP Manle Grove 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Home-4001 Stewart 20M 4/B2

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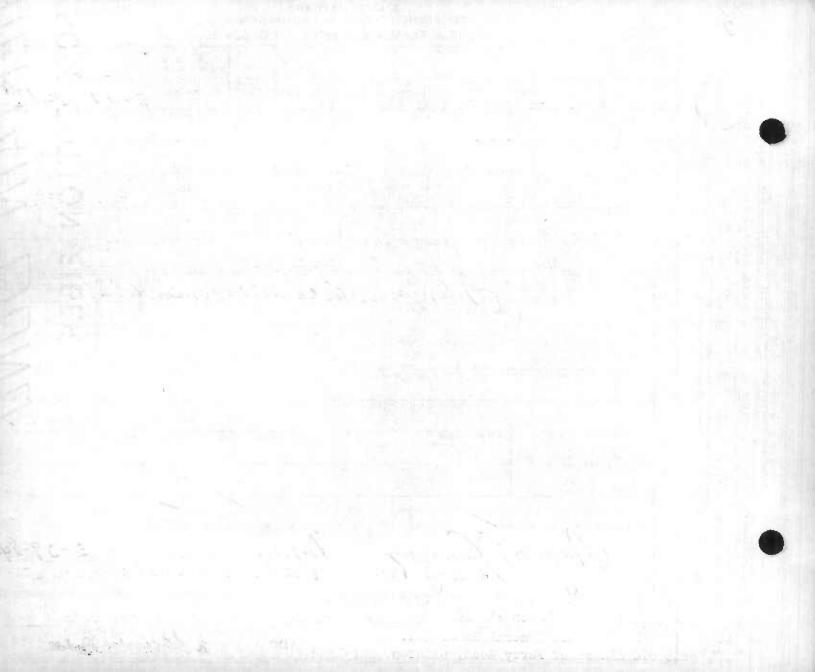
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Helen. Eno Phillips SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS YEAR PRONOUNCED DEAD Female. 1902 Caucasian July 7. 76. CITIZEN OF WHAT COUNTRY In BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY U.S.A. DIVORCED Prince George's Indiana WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Clinton Southern Maryland Hospital Center Homemaker Home 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Prince George's Clinton 5405 San Juan Drive (20735) 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Arbrasious Cushman Anna Eno 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN ILS. ARMED FORCES? 16h SOCIAL SECURITY NO Sullivan (YES. NO. OR UNKNOWN) N/A 312-40-6669 Tennis Funeral Home Indiana 18. CAUSE OF DEATH (Enter only one cause per lig APPROXIMATE INTERVAL ar (af, (b), and (c),) PART I DEATH WAS CAUSED BY to cardid vas cular desease Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 19a, DATE OF OPERATION DED TO THE CHIEF ISED. E 3 SHOULD BE USED. E DEPARTMENT OF HE. 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [ARDED TO THE GE 3 SHOULD B 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET NOT WHILE CITY OR TOWN COUNTY AT WORK AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALLIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Accident Suicide Hamicide Undetermined manner death resulted from Natural causes 009 Rayburn CcT. Camp Springs, Md 20748 EXAMINER'S NAME KUZUSTO P (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 13b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPEC IFY March 31, 1984Mann-Turman Cemetery Buria1 Sullivan County, Indiana BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR Lee Funeral Home, Inc. **DHMH - 17** APD (VR A15 ME (5))6 3 Old Alexander Ferry Road, Clinton, Maryland

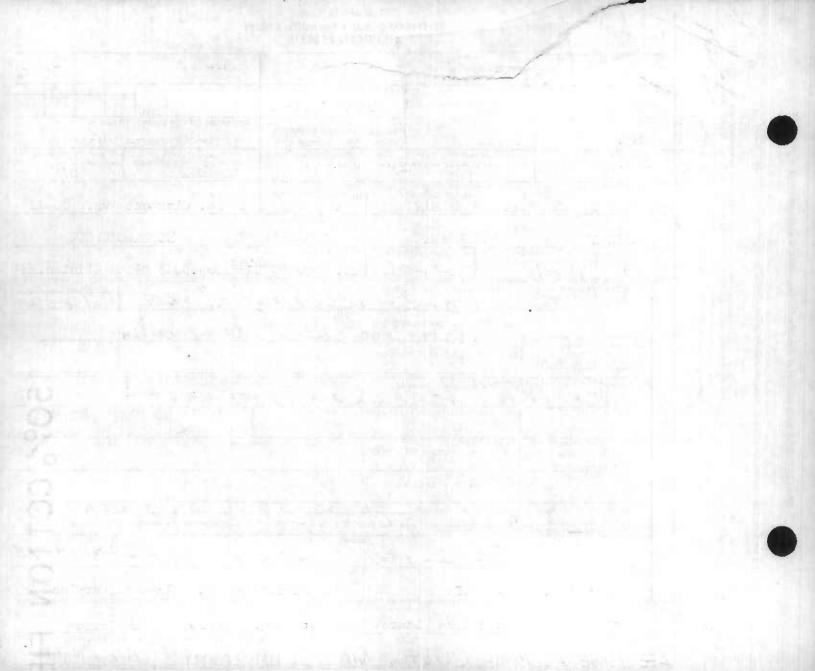
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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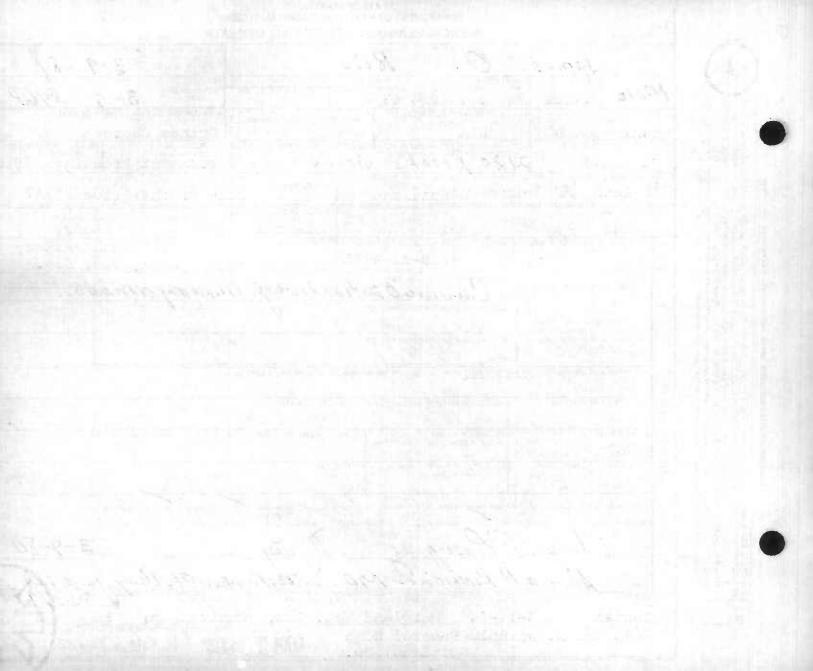
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L RECORDS, 2011 ULD BE EXECUTED "PENDING" IN P F MEDICAL EXA ED AS A BURIAL- HEALTH AND ME IL, CREMATION, (*)	ATION	PART 2 01HEB SIGNIFICANT CONDITION	ONS <u>contributing to death</u>	BUT HOT BELATED TO THE TERMINAL DISE		ABT 1 (a).	70 AUTOPSY?
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SION OF THE WOTHER SHOULD BE SHOULD BE PARTMEN	MEDICAL CI	UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH P.A	A. MONTH DAY YEAR A. 19	OCATION	ED TEMER MATORE OF MATORY IN THE	m TO PART TOW PART 2)
ZIZAVAN FIL	MEC	WHILE NOT WHILE		TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
CAL EXAMINER: THE CERTIFICATE, SHOULD BE FORW. RAL DIRECTOR: PARAL DIRECTOR: P	/	270. I certify that I took of death resulted frame N ACTUAL SIGNATUR	arge af the remains de atural causes	Accident , Suicide	Hamicide TOTE (SPECIFY) M. O. FULLY	Undetermined manner	ond in my opinion DATE SIGNED 3-9-84
TO MEDICAL EXECUTE THE PAGE 4 SHOI TO FUNERAL BAFFIRE		EXAMINER'S (TYPE OR PRINT)	SP P. Ruc	Waver MO	ADDRESS 37291	Paybum Ct. 1	Vary Spungs, Mil
BP		SURIAL, CREMATION, REMOVA SPECIFY) Burial	3-14-84	23c. NAME OF CEMETERY Maryland V	et. Cem.	23d LOCATION CITY OR TOWN Cheltenham	
DHMH - 17 (VR A15 ME (5))	24. 1	NAMERODETT E.		Funeral Home Suitland, Md.	MAR 2	REC'D BY REGISTRAR 256 R	registrar's signature



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENPAL HYGIEI
CERTIFICATE OF REATH

CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH 2b. HOUR 3/24/84 Knight RHODES, Sr. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DATE OF BIRTH 52

DARWIN 4. RACE Male White a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? Maryland U.S.A.

FIRST

- 31 MARRIED NEVER MARRIED WIDOWED DIVORCED

BALTIMORE CITY OR COUNTY OF DEATH PRINCES GEORGES COUNTY.

13e.STREET ADDRESS / ZIP CODE

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Guard U.S. Govt.

ISUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION 130. STATE

Charles Indian Head Md. 14 FATHER'S NAME

Rt.#2 YES T 15. MOTHER'S MAIDEN NAME

20640 Box 182 Patricia

Lomax Byron Rhodes Helen 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

ACUTE CHOLECYSTITIS AND

Sprague

Korea/Viet 220-26-6758 Giuseppina G. Rhodes same as #13 Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: GPATO-RENAL SYNDROME IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF

HEPATIC FAILURE DUE TO, OR AS A CONSEQUENCE OF

LAGNNECY CIRRHOSIST

8 YRS

IN CERTIFYING CAUSES OF DEATH?

COUNTY

4 DAYS

ZIP

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 TO ALUTE CHOLLECYSTITIS AND CHOLEDOCHOLITHUS

190 DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

Conditions, if ony, which couse (o), stoting the

underlying couse lost

FOR - STATE

REGISTRAR

B. CITY OR TOWN OF DEATH

I. DECEASED NAME

(TYPE OR PRINT)

CHOLEDOCHO LITHIASIS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH 71e. PLACE OF INIURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

20a AUTOPSY?

and that in (my) (our opinion death occurred on the date and hour and from the causes stated

STATE

sow the deceosed olive on 3-23 obove, (1) (wa) (did) (did not) view the body ofter death. 22b. SIGNATURE

22e.1 certify that (I) (this haspital) attended the deceased from

MD

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d PHYSICIAN'S NAME LIYPE OF PRINTS

23b DATE

6188, OXON HILL RD OXON HILL MD. 20745

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

73c. NAME OF CEMETERY OR CREMATORY Md. Veterans Cem.

DEGREE

Cheltenham

Md.

Arehart Funeral Home, Inc. La Plata, Md.

3-28-84

DHMH - 16 50M 4/83 (VRA 15, 4)

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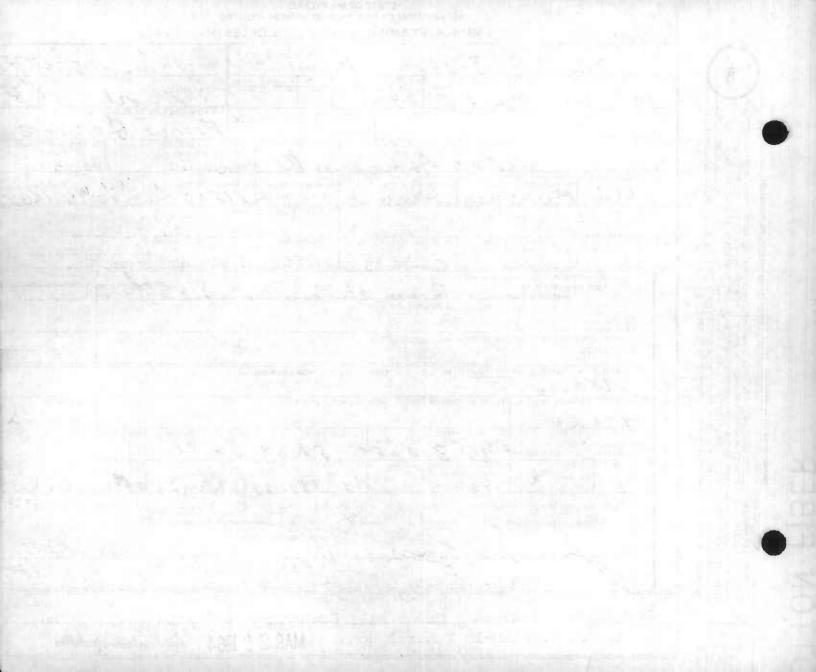
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR				EALTH AND MENTAL HYGII ICATE OF DEATH	ENE REG.	NO		
	DECEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
(1)	YPE OR PRINT)	GIE		R	ODNEY		03-29	-84	11:07AM
3. 5	SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
L J	Female	Black		MONTH 8	26 O8	75	YRS.	MONTHS DAYS	HOURS MIN
70	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEATH	
S	outh Carolina	U.S.A.		WIDOWE	D NEVER MARRIED U	PRINCE	GEORG	E'S	MD.
	CITY OR TOWN OF DEATH	11. NAME OF		HOMEC		120 USUAL OCCUPA			F BUSINESS OR
1	CHEVERLY	PRINCE	GEORGE'S	GENE	RAL HOSPITAL	Housewife	OF WORKING E	None	
130	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION JUST THE GOO	GIVE RESIDENCE BEFORE A		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	s Avenu	e 207	43
14	FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	NE MIDDLE		LAS	
1	Wade	WIDDLE	Epps		Henniett			McCl	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADE	417 La		Road #T-3
	No		579-05-58	350	Willie L. Rod	iney Jr. C	heverl	y, MD	20785
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per	line far (a), (b), and	ICH A	1	CHICAGO I	1	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
Р		SED BY: ATE C AUSE (a)	Candio	- 10	umonary	avest			
	14029		R AS A CONSEQUEN	ICE,OF					
	Canditians, if any, which	((b)_	21700	10	whon.				
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	RAS A CONSCOUEN	CE OF	heart Fe	uller			
N C	PART 2 OTHER SIGNIFICANT	elli res	D-17pert	esti BUT	NOT RELATED TO THE TERM		ONDITION 9	VEN IN PART TO	inal
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FIND! IFYING CAUSES	
- E				1	Is now have a constant	YES NO	_	ES 🗌	NO 🗌
	00.00.00.00.00.00	EATH HOUR A.	.M. MONTH DAY	YEAR	216 HOW INJURY OCCURRE	ED (ENTER NATURE OF IN	NJURY IN ITEM 18,	PART I OR PART 2}	
MEDICAL	21d. INJURY OCCURRED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
1	AT WORK AT WORK								
	220.1 certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did)	$\frac{3}{2}$	9- 199	4.01	nd that in (my) (aur) apinian d	, ta3 leath occurred an the	date and ha	0 1	that (I) (we) last causes stated
	226. SIGNATURE	O. D. A	C.4		DEGREE			22c. DATE	SIGNED
	PX .1	WW	.4	1	MA ATTENDING ATTENDING	MEDICAL S'	TAFF SICIAN []	3/29	7184
-	274 PHYSICIAN'S NAME (TYPE		magen a	3.57	22e ADDRESS				1
	DAIZECLI ADOD	AMD			14300 GALLA	ANT FOX LA	DOUT	A AFT	
	RAKESH AROR	A, 11.0.		- CN	- 1900 01122	****	. DOW I	E, MU.	
230	BURIAL, CREMATION, REMOVA	_			EMETERY OR CREMATORY d National	23d. LOCATION CITY OR TOWN		county George	STATE MD

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STATE OF MARYLAND DEPARTMENT OF HEALTH, AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF DEATH MATED AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED. 4 YRS DEAD BALTIMORE CITY OR COUNTY 70 BIRTHPLACE NEVER MARRIED FOREIGN COUNTRY) DIVORCED Maryland 3. RETAIN PAGE SHOULD BE FILED RECORDS, 201 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Machanic Printing Glendale 130 STATE 13e STREET ADDRESS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST William Dorothy PAGES A Rowles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT THE SOCIAL SECURITY NO DIVISION Liesure Dr (YES, NO, OR UNKNOWN) I LIF YES, GIVE WAR OR DATEST Romer, Ga Dorothy Rowles No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MER AL, CREMATION, C lying cause last MEDICAL EXA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to: 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARE STATE DEPARTMENT OF ITE STATES DEPARTMENT OF ITE S 0 YES [] 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING BOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC) PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P/
AFIER DEATH, WITH THE ST.
BALLMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autopsy Suicide 2 Homicide Undetermined monner death resulted from: Natural causes Accident TITLE (SPECIFY) DATEMENULLI SIGNATURE MEDICAL EXAMINER Seminary Rd. John S. Rogers ADDRESS Silver Springs. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION COUNTY STATE Cremation Cedar Hill Crematory 24. FUNERAL DIRECTOR E. Wilhelm Funeral Home **DHMH - 17** (VR A15 ME (5)) Suitland, Md 20M 4/82

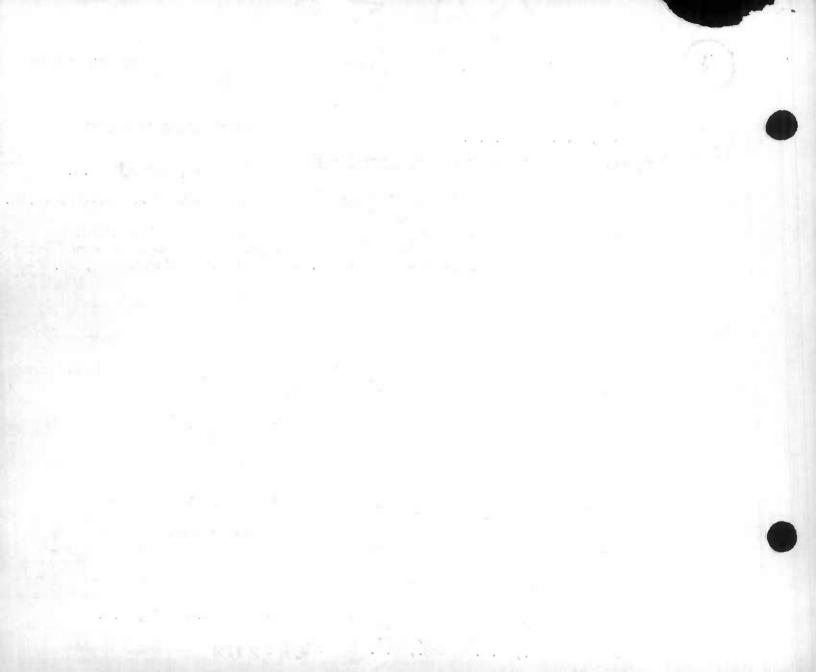


5/	FOR STATE REGISTRAR			NT OF HEALTH AND MENTAL H	GIENE REG. NO.	
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ector. po	Female	4 RACE Negro		DATE OF BIRTH June 27 1910	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
lien to a	70. BIRTHPLACE ISTATE OR FORE COUNTRY) Kentuckey		HAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR C	11/2
on the form	10 CITY OR TOWN OF DEATH Adelphi	11. NAME OF HO	SPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI HOUSEWI	12b. KIND OF BUSINESS OR ORKING LIFET INDUSTRY
LAND 212 hin 24 hau should be in	Maryland	HOME OR OTHER INSTITUTION, GI	ve residence before ad 3c city or town Laurel	13d INSIDE CITY LIMITS?		lip Ct. 20707
MARYLA ted within ted within and 2 sh and 2 sh	Jordan		Valker	15 MOTHER'S MAIDEN N Esther	AME	Jesse
be executor and control of the secutor of the secut	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (1	YES GIVE WAR OR DATEST	66 SOCIAL SECURIT 218-26-9	yno. II Informant 1954 Daniel Wa	1ker Same	as #13e
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN. The law requires that the death certificate be executed within 24 attending physician. Ifter this certificate has been signed by the attending physician and completely fille as the buriot-transit permit. Then please remave carbon papers. Pages 1 and 2 should hand Mental Hygiene prior to buriot, cremotion, or remaval. The page of the modical examiner for a strength of the medical examiner may be a shown and them 18 shows any injury, or ather traumatic event, the medical examiner may be a strength of the medical examiner.		hich (b) hich (b) he lost. (c) CANT CONDITIONS CON	AS A CONSEQUENCE ITRIBUTING TO DEA		20a AUTOPSY? 20	ION GIVEN IN PART 1(a) Ob. 1F YES, WERE FINDINGS USED
DIVISION OF VITAL RI DING PHYSICIAN: The le or otherading physician. After this certificate has te as the burial-transit per coith and Mental Hygiene marked or them 18 shaws	TIO. ACCIDENT WAS UNDER OR CONTRIBUTING CAU IF EITHER, NOTIFY MEDICAL E WHILE NOT WHILE AT WORK AT HOOSE 220.1 certify tha	SE OF DEATH HOUR A.M. XAMINER) P.M. 21e. PLACE OF	MONTH DAY INJURY I, FACTORY, OFFICE, FARM	19 711 LOCATION	YES NO RRED (ENTER NATURE OF INJURY IN	COUNTY STATE
TO HOSPITAL OR ATTEN estained by the haspital TO FUNERAL DIRECTOR, should be detached for us with the State Dept. of He MAPORTANT: If hem 21 is	saw oboth will did	and view the body of	ter death.	DEOREE M D ATTENDING PHYSICIAN 278. ADDRESS 7500 GNZ	MEDICAL STAFF DIRECTOR PHYSICIAN	and hour and from the causes stated 222. DAJE SIGNED 3/25/84 200 200 200 200 200 200 200 200 200 20
BP	230. BURIAL, CREMATION, RE. Buria: 24 FUNERAL DIRECTOR FL. NAME 7601 Sandy	3/28/8	84 Gre		ery Beckley.	W. Virginia REGISTRAR'S SIGNAPPRE DATA

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/		FOR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL AY	O 8 5 5 3
10	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	
		CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 10:40AN
1 00		Jame	s A	Sansbury	C 10 N
2 41	1. SE		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) UNDER 1 YEAR TO UNDER 23 ARS MONTHS DATE HOURS MIN.
4 400	20.0	ile	White	January 8,1917	67 YRS
5 32 AV		RTHPLACE INTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIEN XX NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH
1 15 75/	Wa	shington, DC	USA	WIDOWED DIVORCED	PRINCE GEORGE'S COUNTY ME
1 10/		TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION TO KIND OF BUSINESS OR
1 12	-	INTON	SOUTHERN MARYL		Steamfitter U.S. Government
(國家)		AL RESIDENCE IN NURSING HOME OF TATE 136 COLUMN PRINCE	OR OTHER INSTITUTION, GIVE RESIDENCE BER JINTY 13c. CITY OR TO B. George's Uppe	DWN 13d INSIDE CITY LIMITS? T Marlborso x NO	13e STREET ADDRESS / ZIP CODE 9754 Wyman Way (20772)
A Some S		THER'S NAME	0- 111-	15 MOTHER'S MAIDEN N	
ond 2	R	ichard E. Sansb	ury	Maggie Ell	1is
dicol dicol		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS
Pogo di	No	N/	A 579-01	-3671 Doris A. San	nsbury - Same As #13 A-E
quires that the death signed by the ottend hen please remove ca to burial, cremation, a to jury, ar ather traumat	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	ogiessid en	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
he law re on. has been t permit. I ene prior	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
PHYSICIAN: The tending physicial this certificate his build-transit and Mental Hygie ed ar item 18 sho	1 8	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART ?)
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ding ding Meri	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	
the the ond ond sed	¥	AL WORK	LAT HOME, STREET, FACTORY, OFFI	E, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
Afte of the Afte			pital) attended the deceased from	2/19 10 8	4 10 St should find the
ATTEND DSpital CCTOR: d for us t. of Heam 21 is		saw the deceased all a	o 3/3	V-U /	an death occurred on the date and haur and from the causes stated
8 4 8 9 0 D		226. SIGNATURE	- dust =	DEGREE	224 DATE SIGNED
the Detacle		01.	000	ATTENDING PHYSICIAN	MEDICAL STAFF 3/5/84
PHT PHT PANT Sto de	1	22d PHYSICAN'S NAME THE	DEPOHE)	22e ADDRESS	Director Intocent
TO HOSPITAL Cretoined by the TO FUNERAL D should be detected with the State D IMPORTANT. If		Stanley Jose	f, M. B.	Clinton, N	Maryland
5 € ₹ ¥ 3 ₹	23a	BURIAL, CREMATION, REMOVA	L 236. DATE 23	. NAME OF CEMETERY OR CREMATORY	Y 23d LOCATION
BP	I	Specify) Surial	March 7, 1984	Cedar Hill Cemeter	ry Suitland, Prince George's, M
D. I. I. J. CO. I. (E.)	24 F	UNERAL DIRECTOR Lee	Funeral Home, I	nc . 250 D.	ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4) 6633	0	d Ålexander Fe	erry Road, Clint	on, Maryland MA	R 8 1984 - Million-Rendello

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STATE OF MARYLAND

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20M 4/82

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X		1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	HYGIENE 8 5 5 8
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	() (Mary	Elizabet		03 11 84 88900
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ARY	1 17 //	9	PMST	MIDDLE	15. MOTHER'S MAIDEN	MIDDLE '45T
m, ₹	10/100		John Bongiovi WAS DECEASED EVER IN U.S. AI	RMED FORCES? Hall STOTALS	Calogera I	Benfare
BALTIMOR	e ex			VE WAR OR DATES)		
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	requires to Themp or to bur	TION				ERMINAL DISEASE OR CONDITION GIVEN IN PART 110
IAL REC	The low cion. e hos be sit permi	RTIFICA	190 DATE OF OPERATION		IICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
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	TTENDII patal or TTOR: A for use of Healt		22a l certify that (1) (this hosp sow the deceased alige on			on death accurred on the date and hour and from the causes stated
	iTAL OR A by the hos RAL DIREC		22b. SIGNATURE	Cur.		MEDICAL STAFF DIRECTOR PHYSICIAN STAFF
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		23a. E	URIAL, CREMATION, REMOVAL	1	NAME OF CEMETERY OR CREMATOR	CITY OR TOWN COUNTY STATE
	BP		Burial	3-13-1984	St. John's Cemetery	y Queens Borough, New York, N.Y.

DHMH - 16 50M 1/81 (VRA 1S, 4)

Ja-13-1984 St. Lee Funeral Home Inc. Old Alexander Ferry Rd., Clinton, Maryland 20735

BY REGISTRAR 256 REGISTRAR'S SIGNATURANDADE

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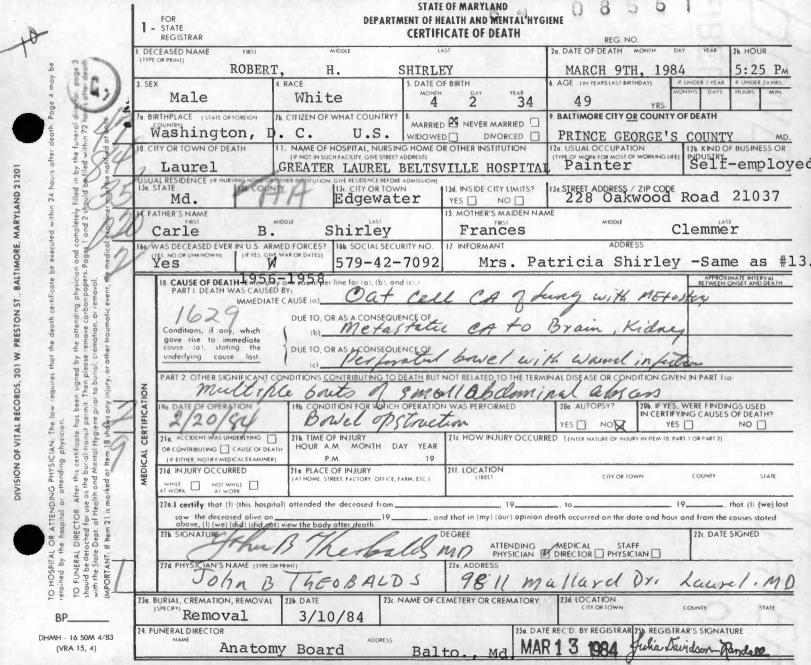
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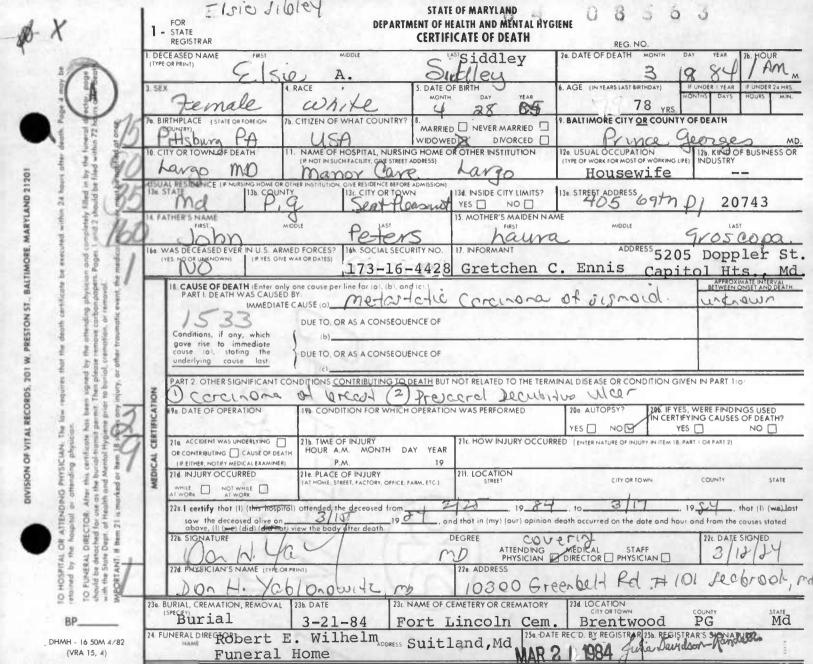
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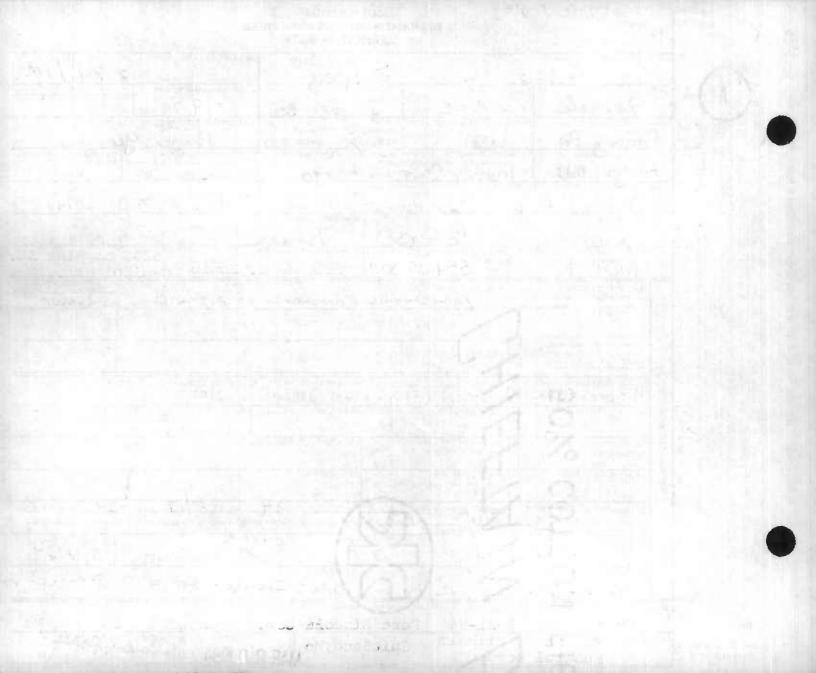
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	7	FOR STATE	Z)p-201	,	EPARTMENT O	FHEALTH			٤ د.	2		
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12	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, C.	FFMALE 76. BIRTHPLACE FOREIGN COUNTR	BLACK (STATE OR	5-11-50 76. CITIZEN OF WH	AT COUNTRY?		ED NEVER MAR	RIED		3-27 DR COUNTY OF	1984 F DEATH	I AM
	>王の三名かり	10. CITY OR TOW	N OF DEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE	PITAL, NURSING HOA	BI Pile	ER INSTITUTION	120 USUAL OCC	ORKING LIFE)	E OF WORK 12h	KIND OF BUSTR	SINESS
21201	F ANY DELA 3. RETAIN PA SHOULD BE IN RECORDS,	USUAL RESIDENCE	E (IF IN NURSING HOME)	PRINCE GONOTHER INSTITUTION, GIV	EORGES GE ERESIDENCE BEFORE ADMIS 13c. CITY OR TOWN	NERAL SSION)	HOSPITAL 138 INSIDE CITY LIMITS? YES NO	13e. STREET ADD	RESS	20716		
E, MD. 2	SEATH. IF J. S. A. A. A. A. A. S. F. A. A. S. F. A. A. S. F. A. A. S. F. A. A. C. S. F. F. A. C. S. F. F. A. C. S. F.	14. FATHER'S NAME FIRST	ME Lilo	MIDDLE	La Les		15. MOTHER'S MAI		WIDDLE	Paul	LAST	
Mon	GESTAN SIGN OR	16a. WAS/DECEAS (YES, NO, OR UNK	SED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECUR 2110-567	132	1) INFORMANT	c 2	ADDRESS	-1	[A	11. 101
1	M	18 CAUSE PART I	DEATH WAS CAUSE				THE COM			1/	APPROXIMATE ETWEEN ONSET	INTERVAL AND DEATH
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	MINERE THE STATE OF THE STATE O	22a ce	rtify that I taak char	ge of the remains desc rol causes,	X	Autops Suicide	y X. Inspect	Undetermined		d in my opinion		
•	MEDICAL EXAMINES. CUTE THE CERTIFICATION SEE 4 SHOULD BE FOR FUNESAL DIRECTOR. TRADECTOR. TRADECTOR. TRADECTOR.	ACTUAL SIGNATUR	Jugar	to Als	Lugner	<u>/</u> _M	D. BEBUTY	MEDICAL EXA	AMINER	DATE 3	3-27-8	4
	TO MEDICAL EXECUTE THE PAGE TO FUNEZAL PAGE DEATH BATTMORE A		S NA AUGUSTO		V /	-	ADDRESS 5009			P SPRIN	IGS,MD	20748
	BP	23a BURIAL, CREA (SPECIFY) 24 FUNERAL DIR	CAPS CA	Apr. 2,198	231 NAME OF C	1	nefery	23d. LOCATION CITY OR TOWN GUMB;	5	COUNTY	ST/	ATE
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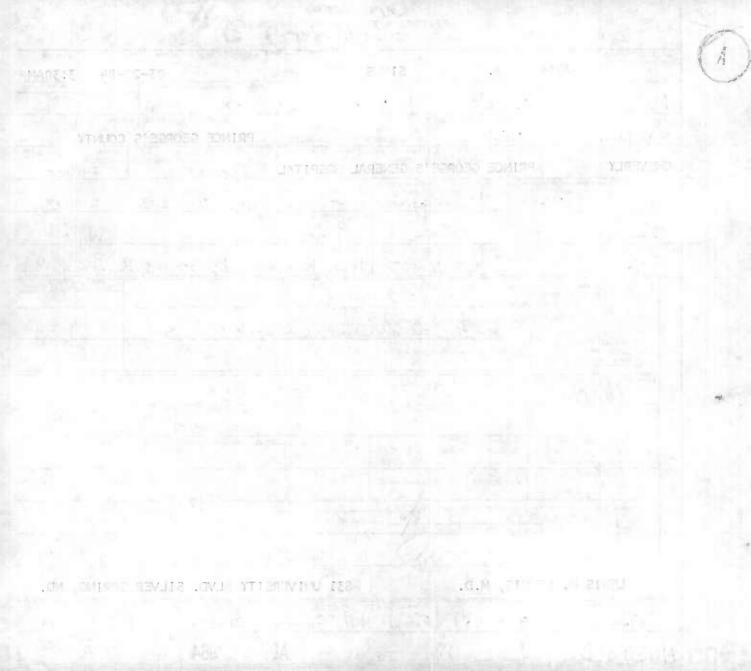




X	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	GIENE REG. NO.		
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
Page 4 may be director, page 3 hours after death	,,	k	ATHER	YN A	lberta	SIC	MUND	3-23-84		4:50PM _M
frer of	3. SE	×	4	1. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
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nerol di in 72 ho	BOONSBORO, Md. 10. CITY OR TOWN OF DEATH CLINTON			U. S. A. WIDOWED III. NAME OF HOSPITAL, NURSING HOME OR SOUTHERN MARY LAND HOSE			NEVER MARRIED	DITHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS C		
by the fu										
AND 217	13a S Ma	AL RESIDENCE (# NURS STATE ryland	136 COUNT	OTHER INSTITUTION TY Ce Geo	13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 6253 Oxon Hi	DDE 11 Rd. 2	20745
MARYL MARYL	14. FA	THER'S NAME FIRST Luther	Ro	VIDDIE	Sigmund		is. MOTHER'S MAIDEN NA Kather:	ine Riden	our	Té
ote be ex ote be ex ysicion and ppers. Page vol. ', "Memedical	160 V	VAS DECEASED EVER YES, NO OR UNKNOWN)		AED FORCES? WAR OR DATES)	214-09-		Mr. Roy J.	PADDRESS		21740
(DS, 201 W. PRESTON ST.	NO	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	which nediote g the lost.	DUE TO, O	Decopsed Dehy Das necessitor	JENCE OF DEATH BUT	not related to the term	toreal Core	GIVEN IN PART 1	t who
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requir offending physician the this certificate has been ag as the durindinguit permit. The th and Mental Hygiene prior to be orked Mental Hygiene prior to be orked Mental Hygiene prior to be	CERTIFICATION	19a. DATE OF OPERA	ION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF IN CER	YES, WERE FINDING CAUSES	NGS USED S OF DEATH?
I OF VIT		21a. ACCIDENT WAS UND OR CONTRIBUTING () (IF EITHER, NOTIFY MEDI	AUSE OF DEAT		FINJURY M. MONTH [M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2]	H
WISION WG PHYS after this to the bur is and Au	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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ET 1911 1.1000 Olark U.S. Gov. Saryland Prince Hac Oxen Hill - 2005 thon Hill M. 2005 Danter of Signard Calendarine Milenous 211-0929000 Mr. Noy J. Stern, Hagerstone, Mil. 2:210 The law Bring of therene It asked with some of the self the self some force to the KELLING LITTINGBONG BISSERTAL FIEL PALCONNY HELF -21-84 Becamboro Cemebry seemboro, mesn. Co., Md. donn H. Bent, Jr. - Sconspore, Mr. 21713 - 140 2 g und

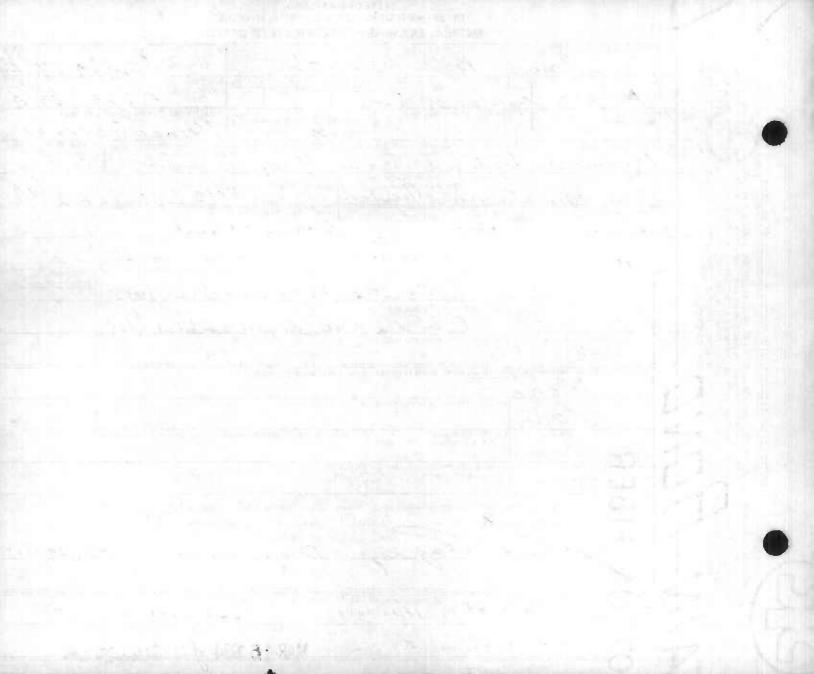
STATE OF MARYLAND



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	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGENE
	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
1. DĚ	CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN D MONTH DAY YEAR 20 HOUR
3. SE	The DEATH MATED DE
7a B	IRTHPLACE (STATE OR TACTIVE OF WHAT COUNTRY?
71	MARRIED NEVER MARRIED VINCE GEORGE 1/20 KIND OF BUSINESS
3	RIVEYELE Levend Mem. Hoya for Moustry With the Memory House wife St Home
13a S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INISTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 131, COUNTY 132, CHY OR JOWN 132, CHY OR JOWN YES ID NO 136. STREET ADDRESS YES ID NO 137. STREET ADDRESS YES ID NO 138. STREET ADDRESS YES ID NO 139. STREET ADDRESS YES ID NO 130. STR
1 14. E	ATHER'S MAME FIRST AND JE LAST LAST Sequence Stewart AND JE LAST LAST Sequence Stewart AND JE LAST Sequence Stewart
16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? ES, NO, OR LINKNOWN) NO NE NO NE 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS LIZ-24-2876 CHRC 14n Thomas Same is 13 in 19 in
2	Conditions, if ony, which gave rise to immediate couse (a) stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF C(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
	21d. EXTERNAL CAUSE WAS UNDERLYING OR ONTRIBUTING CAUSE OF DEATH P.M. MONTH DAY YEAR 19 YES NO REPORT 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
Y	220 Lecrtify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , ond in my apinion death resulted fram: Halfing Court . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY)
BALTIMORE, MARYLAND, 212	EXAMINER'S NAME (TYPE OR PRINT) ACTUAL SIGNATURE M.D. Dop MEDICAL EXAMINER SIGNED b 29 1994 ADDRESS
₹ & 23 mB	URIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN LIBRARY D. G. MILE
5)) 24 FI	UNERAL DIRECTOR 4925- ADDRESS ADDRESS ADDRESS ADDRESS AND NO. 13 UR KOUYHS AVE NE. 14 15 1084 ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AND NO. 1256 ADDRESS ADD



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14	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE AGGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	DECEASED NAME FIRST MIDDLE LAST TO DETERMINE MONTH DAY YEAR OF ESTI- DEATH MATED DEATH DEATH MATED DEA	2b. HOU
DON STREET	emale White April 18, 1886 97. RS. IF UNDER 1 YR. IF UNDER 24 HRS. 70 DATE MONTH DAY FEAR LAS BIRTHDAY MONTHS DAYS HOURS MIN. PRONOUNCED DEAD MONTHS DAYS HOURS MIN. PRONOUNCED DEAD MONTHS DAYS HOURS MIN.	7
S POR A POR	BIRTHPLACE (STATE OR U.S.A. WILDING NEVER MARRIED NEVER MARRIED Prince Georges	- M
ELAY IS PAGE PAGE PAGE S 201 V	Riverdale TI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF INDUSTRICE) OWN TIE	STRY OME
MD. 21201 H. JF AND 3 H. 3. BETAIN D. 2. SHOULD J. 2. SHOULD J. 2. SHOULD J. 2. SHOULD		20782
	Park Crawford 15. MOTHER'S MAIDEN NAME Clara MIDDLE LAST Clara Brun	or
BALTIMORE. RS AFTER DE. 3. GIVE PAGES WITH FORM P. I. PAGES TANI DIVISION DE	NAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 215 48 8300 French Crawford Smith Same as #13	(Son)
L RECORDS, 201 W. PRESTON ST. JUD BE EXECUTED WITHIN 24 HOU "FENDING" IN PENCIL IN ITEM 18 F. MEDICAL EXAMINER ALONG V ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, I I. CREMATION, OR REMOVAL.	PART 2 OTHER SIGNIESCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	rs.
SHO CHIE CHIE	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOP: YES 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH, DAY, YEAR 210. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	1
DIVISION OF THIS CERTIFICATE WARDED TO THE PAGE 3 SHOULD I TATE DEPARTMEN	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE AT WORK TO WHILE AT WORK T	STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: 8 AFTER DEATH, WITH THE SI BALJMORE, MARYLAND,	220. I certify that I took charge of the remains described above, held on Autapsy , Inspection Inquiry , and in my opinion death resulted from Natural causes Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SKINATURE	130
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23d LOCATION 23d LOCATION 23d LOCATION 23d LOCATION	1. 9
BP	Burial 4/4/84 Arlington National Cem. Arlington Arlington Francis Gasch's Sons Funeral Home, P.A. 1250 DATE REC'D. BY REGISTRAR 1256 REGISTR	Va.
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MD. H. IF 7. 3.	/14. E.	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MA		MIDDLE		LAST	
IMORE, MI ER DEATH. PAGES 1. ORM PM.		Com			Smith		Maggie	9		Fergu		
BALTIMORE S AFTER DE GIVE PAGES I'TH FORM PAGES I PAGES I		WAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR		17. INFORMANT		ADDRES	S		
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ST., I OUR MIT. IE, DI		18 CAUSE C	F DEATH (Enter on		e far (a), (b), and (c).)	omotri e			3:		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
ESTON ST., IIN 24 HOUF A LONG W SIT PERMIT. HYGIENE, D		PARTI DEATH WAS CAUSED BY: 4292 IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease (DUE TO, OR AS A CONSEQUENCE OF										
HIN LIN KEST		Canditia	ns, if any, which	DOE TO, OF	AS A CONSEQUENC	E OF						
WINE WIT AND	100	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF										
201 W. PRE UTED WITH! IN PENCIL! EXAMINER ZIAL-TRANS D MENTAL! ON, OR REA		lying cause last (c)										
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "SENDING" IN PENCIL IN TIEM IS GIVE PAGES 1, 2, AND RED TO THE CALIFF MEDICAL EXAMINER ALONG WITH FORM PM. 37. RETA SE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 PM. 2 SHOULI TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION 10. PRIOTTO BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id.										
PEN MEN AND COLOR	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR WHICH OP	ERATION V	VAS PERFORMED?				20 AUTOPSY	(?
F VITAL R TE SHOULD WORD "PR TE CHIEF / BE USED BUT OF HE	4 1										YES 🗆	NO X
A OF VITAL R. CATE SHOULE THE WORD "P! THE CHIEF, ULD BE USED THE TO FIVE		21a EXTERNA	AL CAUSE WAS	21b. TIME O HOUR A.A	FINJURY M. MONTH DAY YE	AR 21c. H	OW INJURY OCCUR	RRED LENTER NA	ATURE OF INJURY IN ITEM 1	8 PART I OR PA	RT 2)	
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DIVISION OF V INER: THIS CERTIFICATE STOATE, WARRING THE W TOR: PAGE 3 SHOULD B THE STATE DEPARTMENT AND, 21201 PRIORTO BE	MED	WHILE AT WORK	NOT WHILE [OF INJURY (AT HOME, CTORY, FARM, ETC.)		OCATION STREET		CITY OR TOWN	со	OUNTY	STATE
R: Ti		22a I certi	fy that I taak charg	ge of the remains de	scribed above, held an	Autap	osy , Inspec	tion X	Inquiry X	and in my ap	pinian	
MA TOTAL	1	death result	ed fram: Natu	ral causes X,	Accident .	Suicide _	Hamicide _	. Undeter	mined manner			
CERT DICO WITH WAR		ACTUAL /	Vican	to XO	0	/	TITLE (SPECIFY)			0.175	2/22/2	201
ZHAZ HAZ	4	SIGNATURE	Thechon	201.	migu	7	Deputy	MEDIC	CAL EXAMINER	DATE	3/22/1	984
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST.	4	EXAMINER'S (TYPE OR PRI	NI) MAUBUS		driguez, M.	D.	ADDRESS 5009		n Ct., Te	mple i	Hills, N	Md.
	230.8	URIAL CREMA	TION, REMOVAL	3/27/84	23c. NAME OF C	EMETERY		23d LOC	ATION JOWN TO HAD, I	P. Gr. COU	NEY AD.	STATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH FOR - STATE

REG.	NO
REG.	INO.

		REGISTRAR			CENTIL	ICAIL OF	DEATH	REG	NO.		
-1		CEASED NAME FIRS	iT Mi	IDDŁE	l	AST		20 DATE OF DEAT	H MONTH D	AY YEAR	2b. HOUR
-	(TYPE	Sara V	alenzuela	Smith				March	31, 198	lı .	12:10am
4	3. SEX		4 RACE	Days our	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAS		E UNDER 1 YEAR	IF UNDER 24 HRS
-					MONTH	DAY	YEAR	81	· M	ONTHS UAYS	HOURS MIN.
		Female	Caucasi		Nov	25,	1902		YRS.		
1	7a. Bl	IRTHPLACE (STATE OR FOREIG	N / CITIZEN OF W	VHAT COUNTR	Y? 8. MARRIE	NEVER	MARRIED -	9 BALTIMORE CIT		OF DEATH	
2		lexico	U.S.A.		WIDOWE		ONORCED	Prince	Georges		MD.
.,	10 CI	ITY OR TOWN OF DEATH	11. NAME OF H			OR OTHER IN	STITUTION	12a USUAL OCCUP			OF BUSINESS OR
ч	Ch	neverly		FACILITY, GIVE STR	ospital			TYPE OF WORK FOR MC	Meacher	Schoo	1 System
	USU	AL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION, C							1001100	1 20016
ū				13c. CITY OR TO				6921 Sta	SS / ZIP CODE	n 71	11/8/1
4		ATHER'S NAME	P.G.	Hyatti	sville	YES THE	NO C		moren b	- DEC	107
	VI. FA	FIRST	MIDDLE	LAST			FIRST	MIDDI	E	LAS	T.
7		Nicolas	(na) Vale	nzuela			lores	V.	Quintan	.a.	
1		WAS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORA	ANT	AD	DRESS		
	, '	No	(na)	133-32-	-2594A	Davi	d R. Smi	th (same	as #13)		
		18 CAUSE OF DEATH (En				•				APPROX	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS C	AUSED BY:	0 2	~ ~	00.44	+ 0	D. 0.00	0	- GET MEETS	ONSET AND DEATH
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		Conditions, if any, which		Mita	stolic	- (a	1000	V181-	Keus M	Monr	
		cause (a), stating t	he DUE TO OR	AS A CONSEC	DUENCE OF	00	-		,		
		underlying cause la	st. (c)	21 Tiles	nua.	all.	mel acc	wite) (s			
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING 1	O DEATH BUT	NOT RELATI	D TO WE TERMI	NAL DISEASE OR C	ONDITION GIVE	N IN PART 1	0'
	CERTIFICATION										
7	N.	190 DATE OF OPERATION	196 CONDIT	ION FOR WH	CH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		WERE FINDI	
7	¥							YES T NOT		ING CAUSES	OF DEATH?
	E I	21a. ACCIDENT WAS UNDERLYIF	NG 1716 TIME OF	INJURY		121c HOW	NJURY OCCURR	ED (ENTER NATURE OF			
l		OR CONTRIBUTING CAUSE		A. MONTH	DAY YEAR			To the second			
ľ.	Ž.	(IF EITHER, NOTIFY MEDICALEX.			19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY ET, FACTORY, OFFI	CE, FARM, ETC }	21f LOCAT		CITY	OR TOWN	COUNTY	STATE
	1	AT WORK NOT WHITE]		. 4 .0				0	021	
П		22a.1 certify that (I) (this		deceased fro	m 1980			1, 10	CM	19 8	that (I) (we) last
		saw the deceased all	ve on 3 20	19	X4.00	nd that in (m	y) (aur) opinion d	eath accurred on th	e date and hour	and from the	causes stated
П	Ι.	126 SIGNATURE	did not) view the body o	yter death.		DEGREE		7		22c DATE	SIGNED
		100 A	-0.	A A			ATTENDING		STAFF	21	2.100/
-,		22d RHYSICIAN'S NAMI	y crewite	1777		22e. ADDR		DIRECTOR PH	YSICIAN [131	207
1		DA COL	4.	n 30.		- CE. MUUK	-^	. t. 1.	11	110	00
L		LOWER !	1.6	17th	05	145	110 4	4.10	2 He	CHR D	XX
A		BURIAL, CREMATION, REM	OVAL 236. DATE	2	3c. NAME OF C	EMETERY O	CREMATORY	236. LOCATION	n d	t*OUN7*	STATE
		(SPECIFY) Burial	hApril	81	St. Mar	y's C	metery		ery Mon	tgomer	and the same of th
		UNERAL DIRECTOR	1 4000000000000000000000000000000000000				25e DATE		RAR 256 REGISTE	AR'S SIGNA	TURE
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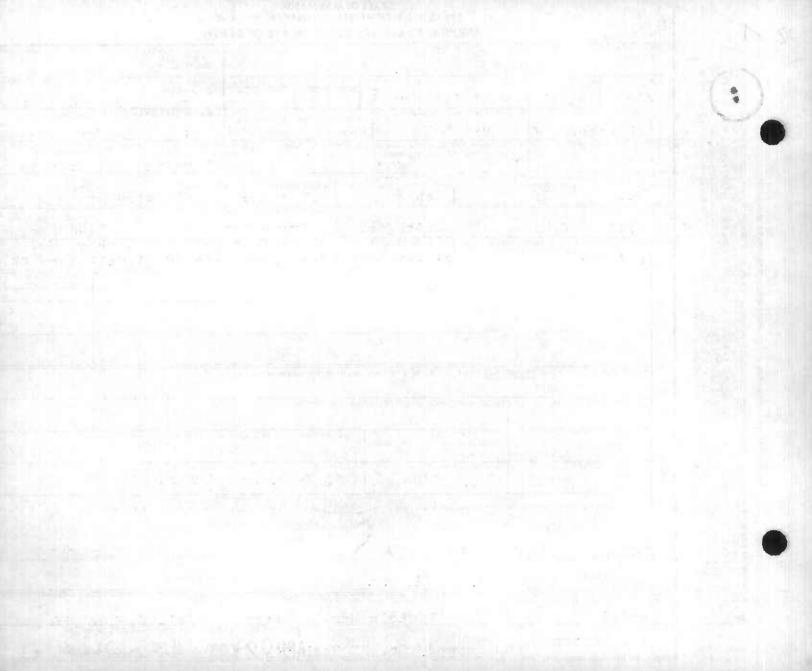
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH L DECEASED NAME MIDDLE DAY YEAR 2h HOUR [TYPE OR PRINT] Wilbert Paul. SMITH February 17 1984 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX BALTIMORE CITY OR COUNTY OF DEATH WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Prince George's WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FORMOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
OCTORS Hospital of Pr. Geo. Co. Lanham Doctors USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE YES TH NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDH MIDDLE LAST ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (# YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for, to) (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS NONSEQUENCE Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 19g DATE OF OPERATION 19), CONDITION FOR WHICH OPERATION WAS PERFORMED 26s ALITCHSY? IN CERTIFYING CAUSES OF DEATH? NO F NOF YES: [DIVISION OF VITAL THE ACCIDENT WAS UNDERLYING [215 TIME OF INJURY THE HOW INJURY OCCURRED LENGTH WATCHE OF POLITY IN 151 IN 18, FART I OR FART TO 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH 10 OF STREET, NOTIFY HEDICAL EXAMINERS P.M. 214. PUJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY FAT HOME STREET FACTORS OFFICE FARM ETC.) WHILE | WEST WHILE | 72s.1 certify that (I) (this haspital) amended the deceased from our) opinion death occurred on the date and hour and from the course stated (If Iwe) (did) did dat ween the body ofter death DEGREE 775 SIGNATOR 22: DATE SIGNED ATTENDING MEDICAL O FUNERAL D PHYSICIAN IK DIRECTOR | PHYSICIAN MPORTANT. 77m ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) 20903 LEWIS H. DENNIS, M.D. 831 University Blvd.E, Silver Spring, MD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23 BURIAL CREMATION, REMOVAL 23b. DATE COUNTY URIAL DHMH - 16 50M 4/83 (VRA 15, 4)

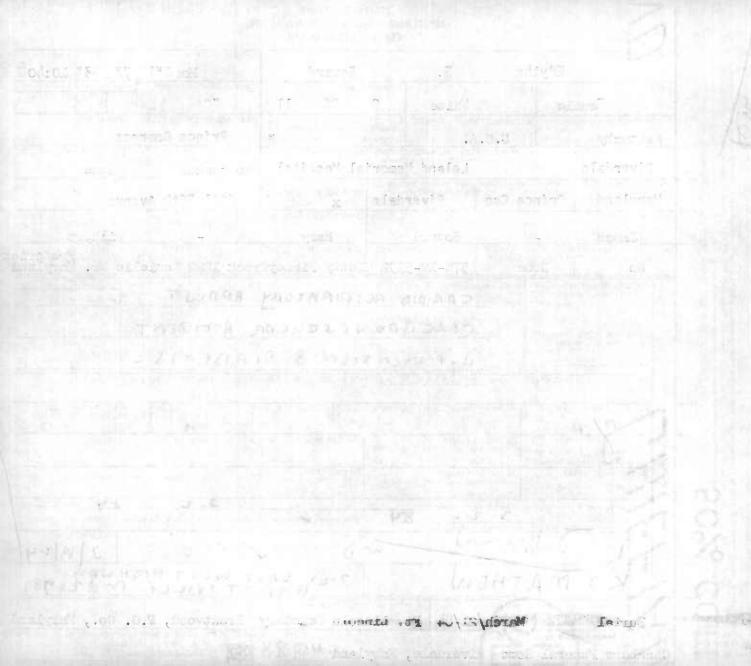
AND THE STATE OF THE PARTY OF T Winteres Spills Bith. No the State of th The state of the s BURNE RILL STREET BY BENDER TON BUTCH TON A SELECTION OF THE RESIDENCE AND A SECOND SE

5-32-84 10.8 JUNIOUS C SMOOT

/ 11	G 590 Item# 7c 4/9/84 cw STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 1 2	
70.	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	YEAR 7b. HOUR
	Walter B. Somerby DEATH MATED 3-7	84 M
OUR FILE OUR FILE ON STRE	male White 7-1-97 86 YRS. IF UNDER 1 YR. IF UNDER 24 HRS. 27. DATE MONTH DAY YEAR 1.65 BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 3-7 19	87 SAM
ZZZ Z Z	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Prince George's	TH MD.
A PER SE	D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [120. USUAL OCCUPATION (TYPE OF WORK 120. KIND	OF BUSINESS IDUSTRY
O 000 / F F W	SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 130. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS YES NO 6708 Foster Street	20747
60	4 FATHER'S NAME Charles Somerby IS. MOTHER'S MAIDEN NAME FIRST Katherine Wilson	
0000	(160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 100. SOCIAL SECURITY NO. 117. INFORMANT ADDRESS 579-16-4891 Mary Somerby, Wife, Same as in the second	
HIEF MEDICAL EXAMINER ALONG WEEK MEDICAL EXAMINER ALONG WEAKH. TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, I RIAL, CREMATION, OR REMOVAL.	Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUT 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOLD AM MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	OPSY?
		100
5 2 3	UNDERLYING OR OF DEATH P.M. 19 INDICATE OF THE PLACE OF INJURY (AT HOME, AT WORK AT WORK AT WORK OR OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) INDICATE OF THE PLACE OF INJURY (AT HOME, STREET) INDICATE OF THE PLACE OF INJURY (AT HOME, STREET) INDICATE OF THE PLACE OF THE PLACE OF INJURY (AT HOME, STREET) INDICATE OF THE PLACE OF THE PLACE OF THE PLACE OF INJURY (AT HOME, STREET) INDICATE OF THE PLACE OF THE PLACE OF INJURY (AT HOME, STREET) INDICATE OF THE PLACE OF THE PLACE OF INJURY (AT HOME, STREET) INDICATE OF THE PLACE OF THE PLACE OF INJURY (AT HOME, STREET) INDICATE OF THE PLACE OF THE PLACE OF INJURY (AT HOME, STREET) INDICATE OF THE PLACE OF THE PLACE OF INJURY (AT HOME, STREET) INDICATE OF THE PLACE OF THE PLACE OF INJURY (AT HOME, STREET) INDICATE OF THE PLACE OF THE PLAC	STATE
ACC 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S THE DEATH, WITH THE STATE DEF BALL MORE, MARYLAND, 21201 PR	20. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted Iram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE , M.D. DEPUTY MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) AUGUSTO P. ROdriguez, M.D. ADDRESOO9 Rayburn Ct. Camp Springs,	
RP	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY COUNTY COUNTY Suitland, P.G., Mary:	state
1 - 17 ME (5))	Funeral Home Rd., Suitland, Md. Page 14 1984 Juli Swidon Robert Rd., Suitland, Md.	E

6		1.	FOR STATE REGISTRAR			STATE OF MARYLAND OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE REG. NO.	
			CEASED NAME FIRST	WIOOFE		LAST	20. DATE OF DEATH MONTH	OAY YEAR 26. HOUR
8	ge 3	(TYPE	OR PRINT) Ed	ythe	E.	Soward	March 1	9, 1984 10:40 %
ge 4 moy	rs after dea	3. SE	Female	4 RACE	ite	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
27	14 3 8 K		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
U N	CE 73		entucky	U.S.A.		WIDOWED DIVORCED	Discours Const	ges MD.
2 offer	oy the fu	/	riverdale	(IF NOT IN SUCH FACILE	Tand M	HOME OR OTHER INSTITUTION PROPERTY HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	17b. KIND OF BUSINESS OR INDUSTRY Home
7 7 24 Hour	must be fi	USU 130	AL RESIDENCE (IF NURSING HOW ATTATE 13 CC	e or other institution, give resolutive for the following for the	RIVER	omission) dale yes No	? 130. STREET ADDRESS 5401 56th Av	enue 737
Markin d	The state of the s	14. F/	THER'S NAME FIRST James	WIDDLE	LAST OWard	15. MOTHER'S MAIDEN FIRST Mary		Wilhort
IE, N		16a. \	VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. Se	OCIAL SECUR		ADDRESS	
S C	6 6	(None 57	8-12-3	392 Betty Finne	yfrock 1222 Danie	Frederick lle Dr. Marvland
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY, MALCALL CX CA M WALL WAS NO PHYSICIAN. The law requires that the death certificate be executed within other ding physician.	signed by the attending physic Then please remave carbon pape to buriol, cremation, or remaval njury, or ather traumotic event, t	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE CONSEQUEN	RESPIRATOR RESPIR	A	
RECOI	permit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH C	PERATION WAS PERFORMED	IN CER	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
OF VITA	ol-tronsit atol Hygie em 18 sh		210. ACCIDEN WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FOEATH HOUR A.M. A	IRY NONTH DAY	YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM)	8 PART T OR PART 2)
VISION O	After this ce is as the buri alth and Mer marked at It	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ		21f. LOCATION	CITY OR TOWN	COUNTY STATE
	use a tealth is mar		22a.1 certify that (I) (this hi		ased from			, 19 4 , that (I) (we) last
ATTEND ospital o	for u of H 21 is	T	saw the deceased alive above, (1) (we) (did) (did	d nat) wew the body often	Seath.	and that in (my) (and) opin	ion death occurred an the date and h	aur and fram the causes stated
AL OR A	AL DIRECTED STEED		TIN SIGNATURE	hung	_		N DIRECTOR PHYSICIAN	3 19 14
O HOSPIT etained by	should be deto with the State		276 PHYSICIAN'S NAME	ATHEN			AST WEST HIS ATTSVILLE	296028W
75	⊢	230.	BURIAL, CREMATION, REMOV			AME OF CEMETERY OR CREMATO	RY 23d LOCATION	COUNTY STATE
, BP.			Burial	March/21/	84 Ft	. Lincoln Cemete		G. Co., Maryland
	16 50M 4/B2		UNERAL DIRECTOR	7 77 73.4	AOORESS		DATE REC'D. BY REGISTRAR 256. REG	Etino A =
(VR	RA 15, 4)	Ch	ambers Funera	I Home Rive	rdale,	Maryland MAR 2	3 1982 Julia Pavidse	Marin Comment

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FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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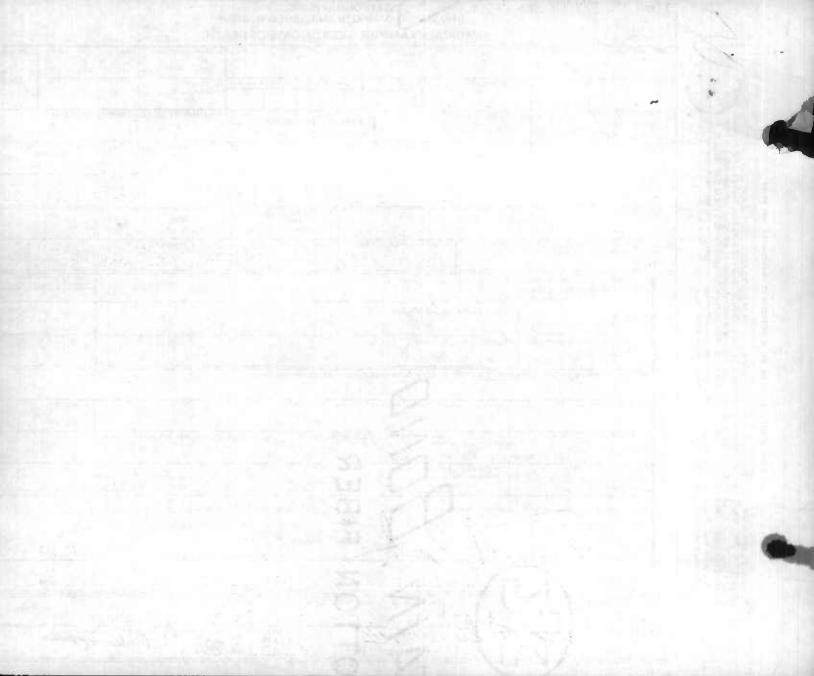
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STATE OF MARYLAND

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X	4	11-9	STATE REGISTRAR		M	EDICAL EXAM			1000	1	G. NO.		
-	./)	T. DEC	EASED NAME	E FIRST		MIDDLE		LAST		DATE KNOW	N MONTI	H DAY YEAR	Zb. HOUR
	2 4 2 2 H	(TYPE	OR PRINT)	Tommy		Lee	S	tamp		OF ESTI-	D 🖾 3/4	4/84 19	
	CHO	3. SEX		4. RACE S	DATE OF BIRTI	H 6. AGE	IN YEARS IF UNI	DER 1 YR. IF UNDE		DATE	MONTH		11:45
1	\$25 K	Ma	ale	Black	April	16,1939	IRTHDAY) MONTH	DAYS HOURS	MIN. PRO	DEAD	3/5	/84 19	11:45 A M
1	A SE SE	7a BIF	RTHPLACE (ST		b. CITIZEN OF V	WHAT COUNTRY?	7.	D NEVER MARI	9. E	ALTIMORE CI		NTY OF DEATH	1 11 11
	SAN		Alabam	na	Ţ	JSA	WIDOWI			rince	George	's County	Z MD
-0	SES SES		Y OR TOWN			DSPITAL, NURSING H		R INSTITUTION	12a. USUAL	OCCUPATION OF WORKING LIFE	TYPE OF WORK	OR INDUST	ISINESS
	PA PA		emple H		3107 (Good Hope	Ave., A	pt. 306				Operato	
	PAN	USUA IIIL ST		(IF IN NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE AD	MISSION)	13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS	2	174	5
	A A MAN DE STATE OF THE STATE O		Maryla	ind	10-			YES X NO	310	7 Good	l Hope	Ave, Ap	t#30
	MD 7.2.	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	DEN NAME	MIDDLE		LAST	
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	LECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSA "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL. FENDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR WED AS A BURIAL-TRANSIT PERMIT. PAGEST-AND 2 SHOULD BE FILED. WITHIN HEALTH AND MENTAL HYGIENE, DIVISION OF WITAB RECORDS, 201 W. PRESTAL. ALC REMATION, OR REMOVAL.	16a. W	AS DECEASED	D EVER IN U.S. ARME		16b. SOCIAL SEC		Mrs. Ma	ry Mae	e Whit	son-n	nother-1	.017
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			22a 1 certif	fy that I took charge	of the remains d	escribed abave, held	an Autaps	y X. Inspection	an . I	nquiry ,	and in my	apinian	
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Lee Funeral Home, Inc.

(VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. Postal Service 10708 Dorgan Drive (20735) Hilda E. Stillwell - Same #13 A-E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ARTERIOSCER LODIO HEART DILEA 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE deplacer 3/19 Pl , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ILLS - aur STATE April 4, 1984 | Cedar Hill Cemetery Suitland, Maryland BP. Burial

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 26. REGISTRAR'S SIGNATURE

IF UNDER I YEAR

2a DATE OF DEATH

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STATE OF MARYLAND

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STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL RYGIENE

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	3. SEX			4 RACE		5. DATE C		6 AGE (IN	YEARS LAST BIRTHDAY)	MON1	DER I YEAR	HOURS	R 24 H
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FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

REGISTRAR		CERTII	FICATE OF DEATH	REG. N	Ο.		
I. DECEASED NAME FIRST (TYPE OR PRINT) MABI	MIDDLE		LAST	20. DATE OF DEATH	MONTH DA		26 HOUR A
	EL G. RACE White	5. DATE		6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	6:00M IF UNDER 24 HRS HOURS MIN.
COUNTRY) Maryland 10 CITY OR TOWN OF DEATH		COUNTRY? 8 MARRIE WIDOW TAL, NURSING HOME	DXX NEVER MARRIED	9 BALTIMORE CITY OF PRINCE G. 12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST C	EORGE:	S COUL	NTY, MD
Samuel Loveles 160 WAS DECEASED EVER IN U.S. ARA	OTHER INSTITUTION, GIVE RETY 13c. C G ODDIE S AED FORCES? 16b S		13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	ry Baden ADDR	yard Ro		
Conditions, if any, which gave rise to immediate course (a), stating the underlying cause (ast. PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS	CONSEQUENCE OF CONSEQ	11 .	Mysecole Leve	I SH	to 5	246.
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72n I certify that (I) Ithis has a saw the decreased aline on obove (II) (Mr.) (did (did) of the ITA NIGNATURE	wew the body after	rosed from TUC death.	22* ADDRESS /	to DRICH death occurred on the d MEDICAL STA DRECTOR PHYSI	13 1 ate and hour	9 24 ond from the	-
Burial CREMATION, REMOVAL	3/16/84	73r. NAME OF	temetery or crematory hn's Church Ce	em. Clinton	n P.G.	county Maryla	state

DHMH - 16 50M 4/82 (VRA 15, 4)

Lee Funeral Home Tre. Alexander Ferry Road Clinton Md

MAR 1 5 1984 Julia Saindson Mandale

